

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90188 041 ****61.25

DOCUMENT # 720231

1. Entity Name

HARSHAW LAKE PARK CONDOMINIUM, INC.



Principal Place of Business

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR, #260
CLEARWATER FL 33762
US

Mailing Address

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR #260
CLEARWATER FL 33762
US

14006360



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2171040**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCNEAL, RAND E
CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR SUITE 260
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD**
NAME **WILES, JOYCE** ☒ Delete
STREET ADDRESS **1601 43RD ST. NO**
CITY-ST-ZIP **SAINT PETERSBURG FL**

TITLE **TD**
NAME **GLENNIE, RUTH** ☐ Delete
STREET ADDRESS **1601 43RD ST N # 125**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **VP**
NAME **WILLIAMS, LOIS** ☐ Delete
STREET ADDRESS **1601 43RD ST. NO-**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **PD**
NAME **CAIN, DOROTHY** ☐ Delete
STREET ADDRESS **1601 43RD ST. NO 127**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **D**
NAME **MAXHEIMER, WAYNE** ☐ Delete
STREET ADDRESS **1601 43RD ST N #228**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD**
NAME **Betty Maxheimer** ☐ Change ☒ Addition
STREET ADDRESS **1601 43rd St. No**
CITY-ST-ZIP **St. Petersburg, FL. 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy L Cain*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2004
Date

323-4357
Daytime Phone #