

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90436 047 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2171040 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXHEIMER, BETTY		NAME		
STREET ADDRESS	1601 43RD ST. NO		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GLENNIE, RUTH		NAME	TD	
STREET ADDRESS	1601 43RD ST N # 125		STREET ADDRESS	Ford, Ruth	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	1601 43rd St. No. #231	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, LOIS		NAME		
STREET ADDRESS	1601 43RD ST. NO		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAIN, DOROTHY		NAME	PD	
STREET ADDRESS	1601 43RD ST. NO 127		STREET ADDRESS	Dannell, Dean	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	1601 43rd St. No. #106	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXHEIMER, WAYNE		NAME		
STREET ADDRESS	1601 43RD ST N #228		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date _____		