

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740479

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC5119348491**

**Entity Name:** HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1766 CAPE CORAL PKWY., EAST  
CAPE CORAL, FL 33904

**Current Mailing Address:**

C/O PROFESSIONAL REALTY CONSULTANTS  
PO BOX 100831  
CAPE CORAL, FL 33910 US

**FEI Number:** 59-1160251

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TEAGUE, GEORGE  
3501 DEL PRADO BLVD. #100  
CAPE CORAL, FL 33904 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name MEIER, MARILYN  
Address 3501 DEL PRADO BLVD., #100  
City-State-Zip: CAPE CORAL FL 33904

Title T  
Name GILL, DOUGLAS  
Address 3501 DEL PRADO BLVD., #100  
City-State-Zip: CAPE CORAL FL 33904

Title VP  
Name WOODS, WILLIAM  
Address 3501 DEL PRADO BLVD., #100  
City-State-Zip: CAPE CORAL FL 33904

Title P  
Name NEIT, LEO  
Address 3501 DEL PRADO BLVD; STE100  
City-State-Zip: CAPE CORAL FL 33904

Title D  
Name FOSTER , SHARON  
Address 3501 DEL PRADO BLVD; STE 100  
City-State-Zip: CAPE CORAL FL 33904

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEO NEIT

P

04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date