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: KATHLEEN ROCHE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756330

Entity Name: HARBOUR TOWNE ASSOCIATION, INC.

Current Principal Place of Business:

5701 MIDNIGHT PASS RD. SARASOTA, FL 34242

Current Mailing Address:

C/O WISDOM COMMUNITY MANAGEMENT PO BOX 51362 SARASOTA, FL 34232 US

FEI Number: 59-2257411

Name and Address of Current Registered Agent:

TRIMPE, JULIE 2831 RINGLING BLVD BLDG B, SUITE 203D SARASOTA, FL 34237 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	E JULIE TRIMPE			04/03/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR, TREASURER, VP	Title	DIRECTOR, PRESIDENT	
Name	EHRLICH, ALAN	Name	ROCHE, KATHLEEN	
Address	P.O. BOX 51362	Address	P.O. BOX 51362	
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232	
Title	DIRECTOR	Title	SECRETARY, DIRECTOR	
Name	MCCABE, RONALD	Name	STALLS, KAREN	
Address	P.O. BOX 51362	Address	PO BOX 51362	
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232	

Certificate of Status Desired: No

04/03/2021

Date

FILED Apr 03, 2021 Secretary of State 1437755166CC