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	: JAYSON LEONARD			04/27/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	VENUTI, TONY	Name	BURDEK, DICK	
Address	P.O. BOX 36	Address	P.O. BOX 36	
City-State-Zip:	LARGO FL 33779	City-State-Zip:	LARGO FL 33779	
Title	TREASURER	Title	SECRETARY	
Name	DIMEO, MARYANNE	Name	STAMATOGLOU, SYLVIA	
Address	P.O. BOX 36	Address	P.O. BOX 36	
City-State-Zip:	LARGO FL 33779	City-State-Zip:	LARGO FL 33779	
Title	DIRECTOR	Title	DIRECTOR	
Name	SCOTT, LAURA	Name	FERGUSON, ROBERT	
Address	P.O. BOX 36	Address	P.O. BOX 36	
City-State-Zip:	LARGO FL 33779	City-State-Zip:	LARGO FL 33779	
Title	DIRECTOR	Title	DIRECTOR	
Name	HARVEY, MARY	Name	BOYE, DAVID	
Address	P.O. BOX 36	Address	P.O. BOX 36	
City-State-Zip:	LARGO FL 33779	City-State-Zip:	LARGO FL 33779	
		Continues on page 2		

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Name and Address of Current Registered Agent:

LEONARD, JAYSON 12800 INDIAN ROCKS ROAD SUITE 1 LARGO, FL 33774 US

# 12800 INDIAN ROCK ROAD, SUITE 1

Entity Name: THE HARBOURAGE II CONDOMINIUM ASSOCIATION, INC.

**DOCUMENT# 760905** 

## **Current Principal Place of Business:**

LARGO, FL 33774

### **Current Mailing Address:**

P.O. BOX 36 LARGO, FL 33779 US

### FEI Number: 59-2214816

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.

PRESIDENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail

FILED Apr 27, 2017 **Secretary of State** CC9060289492

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

TitleDIRECTORNameROBINSON, RONAddressP.O. BOX 36City-State-Zip:LARGO FL 33779