

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000004440

**Entity Name:** HARBOR PLACE VISTAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14815-14819 LAGUNA DRIVE  
FORT MYERS, FL 33908

**Current Mailing Address:**

C/O DETALI & ASSOC  
27499 RIVERVIEW CENTER BLVD SUITE 208  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 65-1073528

**Certificate of Status Desired:** No

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

C/O DETALI & ASSOCIATES  
C/O DETALI & ASSOC  
27499 RIVERVIEW CENTER BLVD SUITE 208  
BONITA SPRINGS, FL 34134 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:** DEBI TALIAFERRO

09/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZELUBOWSKI, BRIAN  
Address        14815-14819 LAGUNA DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title            DIRECTOR  
Name            THARP, DON  
Address        14815-14819 LAGUNA DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title            SECRETARY/TREASURER  
Name            HERDRICH, BILL  
Address        14815-14819 LAGUNA DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title            VP  
Name            BRADLEY, ZOE  
Address        14815-14819 LAGUNA DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title            SECRETARY, TREASURER  
Name            HANLON, LUCILLE  
Address        14815-14819 LAGUNA DRIVE  
City-State-Zip: FORT MYERS FL 33908

*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:** LUCILLE HANLON

**SECRETARY**

09/01/2016

Electronic Signature of Signing Officer/Director Detail

Date