

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05290

**FILED**  
**Feb 28, 2013**  
**Secretary of State**  
**CC2688289239**

**Entity Name:** HARBORTOWN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7092 PLACIDA RD  
CAPE HAZE, FL 33946

**Current Mailing Address:**

7092 PLACIDA RD  
CAPE HAZE, FL 33946 US

**FEI Number: 59-2507779**

**Certificate of Status Desired: No**

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

FREY, CHERI L  
7092 PLACIDA RD  
CAPE HAZE, FL 33946 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 P  
Name CLARK, JIM  
Address 7070 PLACIDA RD, #1126  
City-State-Zip: CAPE HAZE FL 33946

Title D  
Name DACEY, JOE  
Address 11123 CORLETT RD  
City-State-Zip: RIVERVIEW FL 33569

Title T  
Name HORSTMEIER, ROGER  
Address 1131 MEADOWS DRIVE  
City-State-Zip: FREEPORT IL 61032

Title S  
Name CRESSWELL, JAMES  
Address 7711 AUBURN AVENUE  
City-State-Zip: UTICA MI 48317

Title D  
Name MATHIES, STEVE  
Address 15003 SADDLEBROOK TRAIL  
City-State-Zip: SPRINGLAKE MI 49456

Title D  
Name ROTHMAN, PHYLLIS  
Address 260 JULIA CIRCLE NORTH  
City-State-Zip: ST PETE BEACH FL 33706

Title DIRECTOR  
Name CHANCEY, CAROL  
Address 6900 122ND WAY  
City-State-Zip: NORTH SEMINOLE FL 33772

Title DIRECTOR  
Name WILSON, TED  
Address 11220 HACIENDA DEL MAR BLVD  
UNIT #A-206  
City-State-Zip: PLACIDA FL 33946

**Continues on page 2**

*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: JIM CLARK**

**PRESIDENT**

**02/28/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            VASILA, SPERO  
Address        11180 HACIENDA DEL MAR BLVD  
                  UNIT #C302  
City-State-Zip: PLACIDA FL 33946