

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05290

**FILED**  
**Apr 07, 2020**  
**Secretary of State**  
**2948768860CC**

**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:**

DIAZ HEMMERICK, VANESSA  
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:** VANESSA DIAZ HEMMERICK

04/07/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CAMELIO, ALBERT  
Address 8725 PLACIDA RD  
SUITE 7-123  
City-State-Zip: PLACIDA FL 33946

Title SECRETARY  
Name CRESSWELL, JAMES  
Address 32640 NORTH RIVER STREET  
City-State-Zip: HARRISON TOWNSHIP MI 48045

Title PRESIDENT  
Name WILSON, NANCY  
Address 11220 HACIENDA DEL MAR BLVD  
A-206  
City-State-Zip: PLACIDA FL 33946

Title TREASURER  
Name DIPIETRO, DEBORAH  
Address 7070 PLACIDA ROAD  
#1230  
City-State-Zip: CAPE HAZE FL 33946

Title DIRECTOR  
Name PAULIN, KERRY  
Address 1242 MACACHEE DRIVE  
City-State-Zip: YOUNGSTOWN OH 44511

*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:** NANCY WILSON

**PRESIDENT**

04/07/2020

Electronic Signature of Signing Officer/Director Detail

Date