

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

DOCUMENT# N07000008250

**Entity Name:** HARBOUR HOUSE AT THE INN CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jan 26, 2020**  
**Secretary of State**  
**4541129179CC****Current Principal Place of Business:**3436 MARINATOWN LANE  
SUITE 3  
NORTH FORT MYERS, FL 33903**Current Mailing Address:**PO BOX 152047  
CAPE CORAL, FL 33915 US**FEI Number: 26-3015257****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PREMIER CAM SERVICES LLC  
3436 MARINATOWN LANE  
SUITE 3  
NORTH FORT MYERS, FL 33903 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: STEVEN MACKESY****01/26/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title DIRECTOR  
Name BUTCHER, JEFF  
Address P.O. BOX 152047  
City-State-Zip: CAPE CORAL FL 33915Title DIRECTOR  
Name BENNETT, CHAD  
Address P.O. BOX 152047  
City-State-Zip: CAPE CORAL FL 33915Title VP  
Name CHASTANG, JIM  
Address P.O. BOX 152047  
City-State-Zip: CAPE CORAL FL 33915Title PRESIDENT  
Name FRASCHETTI, ED  
Address P.O. BOX 152047  
City-State-Zip: CAPE CORAL FL 33915Title SECRETARY, TREASURER  
Name HELMS, KEN  
Address P.O. BOX 152047  
City-State-Zip: CAPE CORAL FL 33915

*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: ED FRASCHETTI****PRESIDENT****01/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date