

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15267

**FILED**  
**Jan 31, 2014**  
**Secretary of State**  
**CC7945265061**

**Entity Name:** HARBOR SHORES CONDOMINIUM UNIT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6800 MALONEY AVENUE  
OFFICE  
KEY WEST, FL 33040

**Current Mailing Address:**

6800 MALONEY AVENUE  
OFFICE  
KEY WEST, FL 33040 US

**FEI Number: 59-2587307**

**Certificate of Status Desired: No**

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

HARRISON, BEN  
827 WHITE STREET  
KEY WEST, FL 33040 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 PD  
Name CONROY, BRENDA  
Address 6800 MALONEY AVE LOT 31  
City-State-Zip: KEY WEST FL 33040

Title STD  
Name FLECK, SHARON G  
Address 6800 MALONEY AVE LOT 16  
City-State-Zip: KEY WEST FL 33040

Title D  
Name SIMPSON, DAN  
Address 6800 MALONEY AVE LOT 35  
City-State-Zip: KEY WEST FL 33040

Title BOARD MEMBER  
Name JUNGBLUT, MICHAEL  
Address 6800 MALONEY AVE  
22  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name AKTABOWSKI, ANN  
Address 6800 MALONEY AVENUE  
43  
City-State-Zip: KEY WEST FL 33040

*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: FLECK, SHARON G.**

**STD**

**01/31/2014**

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

\_\_\_\_\_  
Date