Current Principal Place of Business: 2100 THOMAS DRIVE PANAMA CITY BCH, FL 32408				
Current Mai	ling Address:			
P O BOX 18 PANAMA CI	041 TY BCH., FL 32417 US			
FEI Number: 59-3129374			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
ARMENTA, KATERYNA ELENA 2100 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE: KATERYNA ELENA ARMENTA				
	KATERYNA ELENA ARMENTA			01/26/2022
	Electronic Signature of Registered Agent			01/26/2022 Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	TREASURER	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	TREASURER NELSON, BELINDA SUE T	
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent ctor Detail : SECRETARY			
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent <b>ctor Detail :</b> SECRETARY RAKESTRAW, CRAIG P O BOX 18041	Name Address	NELSON, BELINDA SUE T	Date
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> SECRETARY RAKESTRAW, CRAIG P O BOX 18041	Name Address	NELSON, BELINDA SUE T P O BOX 18041	Date
<b>Officer/Dire</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : SECRETARY RAKESTRAW, CRAIG P O BOX 18041 PANAMA CITY BCH. FL 32417	Name Address	NELSON, BELINDA SUE T P O BOX 18041	Date
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : SECRETARY RAKESTRAW, CRAIG P O BOX 18041 PANAMA CITY BCH. FL 32417 PRESIDENT	Name Address	NELSON, BELINDA SUE T P O BOX 18041	Date

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: JENNIFER GILLEY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/26/2022 Date

## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16863

Entity Name: HARBOUR TOWNE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED Jan 26, 2022 **Secretary of State** 8211067944CC