## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002624

Entity Name: HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 13, 2024 **Secretary of State** 8423740584CC

## **Current Principal Place of Business:**

C/O GULF BREEZE MANAGEMENT SVC 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135

## **Current Mailing Address:**

C/O GULF BREEZE MANAGEMENT SVC 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135 US

FEI Number: 65-0421618 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WEIDNER, RALPH L C/O GULF BREEZE MANAGEMENT SVC 8910 TERRENE COURT SUITE 200 BONITA SPRINGS, FL 34135 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: RALPH L. WEIDNER 03/13/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title VP. DIRECTOR Title TREASURER, DIRECTOR

Name BUSCAGLIA, NICHOLAS Name WALD, ROBERT C.

C/O GULF BREEZE MANAGEMENT C/O GULF BREEZE MANAGEMENT Address Address **SERVICES** 

SERVICES, INC.

8910 TERRENE COURT SUITE 200 8910 TERRENE COURT SUITE 200

**BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** City-State-Zip: City-State-Zip:

Title DIRECTOR Title PRESIDENT, DIRECTOR WHALEN, TERRENCE BAINES, IAN Name Name

Address

C/O GULF BREEZE MANAGEMENT Address C/O GULF BREEZE MANAGEMENT SERVICES, INC. SERVICES, INC.

8910 TERRENE COURT SUITE 200 8910 TERRENE COURT SUITE 200

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY, DIRECTOR

Name NISSL, COLLEEN

C/O GULF BREEZE MANAGEMENT Address

SERVICES, INC.

8910 TERRENE COURT SUITE 200

BONITA SPRINGS FL 34135 City-State-Zip:

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: TERRENCE WHALEN **PRESIDENT** 03/13/2024