

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90002 002 ****61.25

DOCUMENT # 713796 1. Entity Name HARBOUR LIGHTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 100 WETTAN LANE N. PALM BCH., FL 33408			Mailing Address 100 WETTAN LANE N. PALM BCH., FL 33408		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LEVINE, JAY STEVEN 3300 PGA BLVD. STE. 800 PALM BCH. GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABOMBARD, JANE		NAME	Richard T. Wright	
STREET ADDRESS	100 WETTAW LANE, # 25		STREET ADDRESS	100 Wettaw Ln #22	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEANIAN, ALLEN		NAME	Jane Labombard	
STREET ADDRESS	100 WETTAW LANE, # 25		STREET ADDRESS	100 Wettaw Ln #25	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUZBY, SUSAN		NAME	Barbara Shoemaker	
STREET ADDRESS	100 WETTAW LANE, # 25		STREET ADDRESS	100 Wettaw Ln #12	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN, SCOTT		NAME	Joanne Witchko	
STREET ADDRESS	100 WETTAW LANE, # 25		STREET ADDRESS	100 Wettaw Ln #3	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARATHNS, JOAN		NAME	Joan Marathes	
STREET ADDRESS	100 WETTAW LANE, # 25		STREET ADDRESS	100 Wettaw Ln #19	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joanne Witchko</i>			5-22-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

50020199



05182006 Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**