


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 727398</b>		
1. Entity Name HARBOUR ISLAND ASSOCIATION, INC.		
Principal Place of Business 1238 HARBOUR ISLAND RD ORLANDO, FL 32809 US	Mailing Address 1238 HARBOUR ISLAND RD ORLANDO, FL 32809 US	



02182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SABIN, SEVIER  
1208 WINDSONG RD  
ORLANDO, FL 32809

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABIN, SEVIER 1208 WINDSONG RD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAULS, CLYDE 1527 WINDSONG RD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCANLESS, CHARLES 1238 HARBOR ISLAND RD. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANTALEON, JOHN 1336 WINDSONG RD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000238596  
02/22/05-80005-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Sevier Sabin **SEVIER SABIN** 2-18-05 407-859-5737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #