

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90021 014 ****61.25

DOCUMENT # 740479

1. Entity Name
HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
HARBOR SOUTH CONDOMINIUM
PO BOX 101448
CAPE CORAL, FL 33910 US

Mailing Address
C/O PROFESSIONALLY YOUR, INC
PO BOX 100831
CAPE CORAL, FL 33910 US

40033000



2. Principal Place of Business - No P.O. Box #

1766 Cape Coral Pkwy.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Zip
33904

Country
USA

Zip

Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1160251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TEAGUE, GEORGE
PROFESSIONALLY YOURS, INC.
8270 COLLEGE PKWY #103
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2503 Del Prado Blvd. #500

City
Cape Coral

FL

Zip Code
33904

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GRECO, MARIDAN**
STREET ADDRESS **1766 CAPE CORAL #305**
CITY-ST-ZIP **CAPE CORAL, FL 33901**

TITLE **D** ☒ Delete
NAME **DEMATTIA, ANTHONY**
STREET ADDRESS **1766 CAPE CORAL PKWY #106**
CITY-ST-ZIP **CAPE CORAL, FL 33901**

TITLE **S** ☐ Delete
NAME **REOME, JOY**
STREET ADDRESS **22825 PARK AVE.**
CITY-ST-ZIP **DEARBORN, MI 481242660**

TITLE **D** ☐ Delete
NAME **NEIT, MR. L**
STREET ADDRESS **64 HAMMONS RD.**
CITY-ST-ZIP **NORTH BERWICK, ME 03906**

TITLE **TD** ☐ Delete
NAME **FUHL, STEVE P**
STREET ADDRESS **1766 CAPE CORAL PKWY**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Rappaport**
STREET ADDRESS **1766 Cape Coral Pkwy. #403**
CITY-ST-ZIP **CC FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Pres.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Stephen N. Fuhl

3-9-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #