


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90038 032 ****61.25

DOCUMENT # 740809			
1. Entity Name HARBOR VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O SEABOARD ARBORS 5313 LOCUST PLACE NEW PORT RICHEY, FL 34652 US		Mailing Address C/O SEABOARD ARBORS 5313 LOCUST PLACE NEW PORT RICHEY, FL 34652 US	
2. Principal Place of Business - No P.O. Box # 5837 Trade Creek Rd.		3. Mailing Address 5837 Trade Creek Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
Zip 34652	Country USA	Zip 34652	Country USA
4. FEI Number 59-1776436		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent LEIGHTON, LENNARD 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name Community Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 5837 Trade Creek Rd. City New Port Richey, FL Zip Code 34652	
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 reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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 VPD NAME SCHIENKE, REINHARD STREET ADDRESS 4956 HARBOR VILLA LANE #209 CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE S NAME Lucy Ellis STREET ADDRESS 4957 207 Marine Pkwy CITY-ST-ZIP New Port Richey, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition \$8.75 Additional Fee
TITLE D NAME DEKOK, PATRICIA STREET ADDRESS 4937 MARINE PARKWAY #203 CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE T NAME Reggy Holloke STREET ADDRESS 4956-110 Harbor Villa Ln. CITY-ST-ZIP New Port Richey, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME TRANI, MARIO STREET ADDRESS 5154 TURQUOISE LN 108 CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LANE, JOHN STREET ADDRESS 4956 HARBOR VILLA LN #105 CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME TRANI, CAROLYN STREET ADDRESS 5154 TURQUOISE LN #108 CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Mario Trani</u>		Date: <u>7-7-816-9900</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	