


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90029 041 ****61.25

DOCUMENT # 743389					
1. Entity Name FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2350 WEST FIRST STREET FT. MYERS FL 33901 US		Mailing Address 2350 WEST FIRST STREET FT. MYERS FL 33901 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOZELISKI, ROBERT 2350 WEST 1ST STREET, #801 FT MYERS FL 33901			7. Name and Address of New Registered Agent Name: <u>Roe, James S.</u> Street Address (P.O. Box Number is Not Acceptable): <u>17541 Holly Oak Ave.</u> <u>Fort Myers, FL 33912</u> City: <u>Fort Myers, FL</u> Zip Code: <u>FL</u>		
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: <u>James S. Roe, President</u> DATE: <u>1/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 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	P <input type="checkbox"/> Delete	TITLE	Pres. James S. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOZELISKI, R.E.	NAME	Roe, James S.		
STREET ADDRESS	2350 W FIRST ST APT 801	STREET ADDRESS	17541 HOLLY OAK AVE		
CITY-ST-ZIP	FORT MYERS FL 33901	CITY-ST-ZIP	FORT MYERS FL 33912		
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHORTLIDGE, GLORIA D	NAME	Edwards, Phyllis		
STREET ADDRESS	2124 LARCHMONT AVENUE	STREET ADDRESS	2350 West First St #805		
CITY-ST-ZIP	FORT MYERS FL 33901	CITY-ST-ZIP	Ft. Myers FL 33901		
TITLE	S <input type="checkbox"/> Delete	TITLE	Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPURRIER, SHIRLEY C	NAME	SUSAN FIFE		
STREET ADDRESS	2350 W FIRST ST., APT. 301	STREET ADDRESS	1925 CHIFFORD #401		
CITY-ST-ZIP	FT. MYERS FL 33901	CITY-ST-ZIP	FT MYERS, FL 33901		
TITLE	TD <input type="checkbox"/> Delete	TITLE	Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, WILLIAM C	NAME	Shirley Kiptky		
STREET ADDRESS	2350 W. FIRST ST., APT. 206	STREET ADDRESS	2350 W. First #1504		
CITY-ST-ZIP	FORT MYERS FL 33901	CITY-ST-ZIP	FT. MYERS, FL 33901		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNOR, JAMES J JR	NAME			
STREET ADDRESS	2350 W FIRST ST., APT. 505	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33901	CITY-ST-ZIP			
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			



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William C. Smith TO WCS 1/26/06 279.334-3226