


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 744761</b> 1. Entity Name HARBOUR VILLAGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4735 PALM BEACH BLVD FT MYERS, FL 33905 US	Mailing Address P O BOX 3530 N FORT MYERS, FL 33918 US
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1883150	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

CANTABENE, ANTHONY D  
17736 DRACENA CIR  
NORTH FORT MYERS, FL 33917

**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 Anthony D. Cantabene CAM Anthony D. Cantabene CAM 2/11/08  
Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reactivating) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, RAYMOND 3918 ORANGE GROVE BLVD, #2 N FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLICH, WILLIAM 3918 ORANGE GROVE BLV #3 N FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STURMS, JACK L 3918 ORANGE GROVE BLVD #4 N FORT MYERS, FL 33903
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02/21/08-80084-024 61.25

**DO NOT WRITE  
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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 817, 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. Solich WILLIAM C. SOLICH 2/12/08 239-477-0719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #