

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90348 003 \*\*\*\*61.25

**DOCUMENT # 748989**

1. Entity Name  
**HARBOUR CASTLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3645 SE 8TH PL  
CAPE CORAL, FL 33904**

Mailing Address  
**PO BOX 151845  
CAPE CORAL, FL 33915**

**60029074**



04132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2067511**

Applied For

Not Applicable

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

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

**ZUNINO, PAOLA  
C/O GPM INC  
3645 SE 8TH PL  
CAPE CORAL, FL 33904**

**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

*Paola Zunino*

*Robert Zunino*

**4/20/06**

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, 2006**

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	SD BELL, JAMES 1322 SE 40TH ST #B-7 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCANZILLO, JAMES 1404 SE 40TH STREET, #A-1 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOHUT, ELEANOR 1404 SE 40TH ST A-5 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, ROSANNE 1322 SE 40TH ST #B-7 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTAGNINO, KATHRYN 1322 SE 40TH ST #B-4 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*James F. Scanzillo* (James F. Scanzillo (Pres))

**4-21-06 (239) 549-1246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #