

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748989

FILED  
Mar 04, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1319 MIRAMAR ST  
#100  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

1322 & 1404 SE 40TH ST  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1319 MIRAMAR ST  
#100  
CAPE CORAL, FL 33904

**New Mailing Address:**

1319 MIRAMAR ST  
#101  
CAPE CORAL, FL 33904

**FEI Number:** 59-2067511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZUNINO, PAOLA  
1319 MIRAMAR ST.  
#100  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

ZUNINO, PAOLA  
1319 MIRAMAR ST.  
#101  
CAPE CORAL, FL 33904 US

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.

SIGNATURE: PAOLA ZUNINO

03/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BELL, JAMES  
Address: 1322 SE 40TH ST #B-7  
City-St-Zip: CAPE CORAL, FL 33904

Title: PD ( ) Delete  
Name: SCANZILLO, JAMES  
Address: 1404 SE 40TH STREET, #A-1  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete  
Name: KOHUT, ELEANOR  
Address: 1404 SE 40TH ST A-5  
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete  
Name: BELL, ROSANNE  
Address: 1322 SE 40TH ST #B-7  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: MONTAGNINO, KATHRYN  
Address: 1322 SE 40TH ST # B-4  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SCANZILLO

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date