

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90166 034 ****61.25

DOCUMENT # 755869

1. Entity Name
**HARBOURTOWNE OF CAPE CORAL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**PROFESSIONALLY YOURS INC
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904 US**

Mailing Address
**PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US**



2. Principal Place of Business
**2517 Santa Barbara Blvd., #11
Cape Coral, FL 33914**

3. Mailing Address
Suite, Apt. #, etc.
City & State

03022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2677543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NURMOHAMED, HASSAN K
THE MANAGEMENT CONNECTION INC.
1512 SE 14TH STREET, UNIT #6
CAPE CORAL, FL 33990**

7. Name and Address of New Registered Agent

Name **George Teague, Agent**
Street A **2517 Santa Barbara Blvd., #11**
Cape Coral, FL 33914
City Zip Code

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

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STOTT, NORMA
STREET ADDRESS 1017 SE 38TH TERRACE #2207
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE SDTD ☐ Delete
NAME BABBERT, IRVIN C
STREET ADDRESS 155 SPRAGUE DRIVE
CITY-ST-ZIP HEBRON, OH 43025

TITLE D ☐ Delete
NAME THATCHER, PAUL
STREET ADDRESS 33 RIVER RUN DRIVE
CITY-ST-ZIP FREMONT, OH 43420

TITLE VD ☐ Delete
NAME BRENNER, CARY
STREET ADDRESS 17 AMHERST ROAD
CITY-ST-ZIP HICKSVILLE, NY 11801

TITLE D ☐ Delete
NAME DORAN, MARK
STREET ADDRESS 607 MAIN STREET
CITY-ST-ZIP VERMILLION, OH 44089

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Norma A. Stott Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06
Date

Daytime Phone #