## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 20, 2007 8:00 am **DOCUMENT #755869 Secretary of State** 1. Entity Name 03-20-2007 90021 029 \*\*\*\*61.25 HARBOURTOWNE OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2517 SANTA BARBARA BLVD 2517 SANTA BARBARA BLVD 40000000 #11 #11 CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 158001 P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc 02142007 Chg-NP CR2E037 (12/06) 017 City & State 4. FEI Number 59-2677543 -City & State Applied For Dec Con DOC Not Applicable Country USA Country \$8.75 Additional <sup>ℤip</sup> २२ **५**०५ 904 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEAGUE, GEORGE 2517 SANTA BARBARA BLVD Street Address (P.O. Box Number is Not Acceptable) #500 CAPE CORAL, FL 33914 5003 Prado bluce 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Change Addition NAME STOTT, NORMA NAME STREET ADDRESS 1017 SE 38TH TERRACE #2207 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-7IP SDTD Delete TITLE ☐ Change Addition TITLE Joseph OlNeil BABBERT, IRVIN C NAME NAME 3813 SE 11 Place # 1208 STREET ADDRESS 155 SPRAGUE DRIVE STREET ADDRESS CITY-ST-ZIP HEBRON, OH 43025 CITY-ST-ZIP TITLE ☐ Delete JITI F ☐ Addition NAME THATCHER, PAUL NAME Paulanatchu STREET ADDRESS 33 RIVER RUN DRIVE STREET ADDRESS CITY-ST-ZIP FREMONT, OH 43420 CITY-ST-ZIP Delete BIREGTOR TITLE VD TITLE ☐ Change Addition BRENNER, CARY NAME NAME STREET ADDRESS 17 AMHERST ROAD STREET ADDRESS CITY-ST-ZIP HICKSVILLE, NY 11801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME DORAN, MARK NAME STREET ADDRESS **607 MAIN STREET** STREET ADDRESS CITY-ST-ZIP VERMILLION, OH 44089 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 found to Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with

SIGNATURE:

an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED