

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

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90079 023 ****61.25

DOCUMENT # 756330

1. Entity Name
HARBOUR TOWNE ASSOCIATION, INC.



Principal Place of Business
**2848 PROCTOR ROAD
SARASOTA, FL 34231 US**

Mailing Address
**2848 PROCTOR ROAD
SARASOTA, FL 34231 US**



02202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2257411

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLER MANAGEMENT SERVICES
2848 PROCTOR ROAD
SARASOTA, FL 34231**

**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

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
**P
ROBINSON, CAROLYN
1341 DOCKSIDE PL
SARASOTA, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
IRVINE, NANCY
1319 DOCKSIDE PLACE
SARASOTA, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SERBIN, ROBIN
1261 DOCKSIDE PLACE
SARASOTA, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WOOD, JOHN
1203 DOCKSIDE PLACE
SARASOTA, FL 34242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JAMES, ROCHE
1301 DOCKSIDE PLACE
SARASOTA, FL 34242**

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: Nancy Irvine **NANCY IRVINE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06

Date

941 346 2766

Daytime Phone #