

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90053 022 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 59-2257411			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MILLER MANAGEMENT SERVICES 2848 PROCTOR ROAD SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)		
Filing Fee is \$61.25 Due by May 1, 2008			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBINSON, CAROLYN 1341 DOCKSIDE PL SARASOTA, FL 34242	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD IRVINE, NANCY 1319 DOCKSIDE PLACE SARASOTA, FL 34242	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SERBIN, ROBIN 1261 DOCKSIDE PLACE SARASOTA, FL 34242	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WOOD, JOHN 1203 DOCKSIDE PLACE SARASOTA, FL 34242	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES, ROCHE 1301 DOCKSIDE PLACE SARASOTA, FL 34242	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SOVTK, WILLIAM 1275 Dockside Place Sarasota, FL 34242	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SPARTER, JACK 1263 Dockside Place Sarasota, FL 34242	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOEG, LAPPY 1215 Dockside Place Sarasota, FL 34242	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ Addition			
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 817, 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: <i>Carolyn Robinson</i> Carolyn Robinson APR 4, 08 (941) 3122429 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #					