

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756330

FILED
Mar 16, 2009
Secretary of State

Entity Name: HARBOUR TOWNE ASSOCIATION, INC.

Current Principal Place of Business:

2848 PROCTOR ROAD
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2848 PROCTOR ROAD
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-2257411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER MANAGEMENT SERVICES
2848 PROCTOR ROAD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBINSON, CAROLYN
Address: 1341 DOCKSIDE PL
City-St-Zip: SARASOTA, FL 34242

Title: SD () Delete
Name: SPARLER, JACK
Address: 1263 DOCKSIDE PLACE
City-St-Zip: SARASOTA, FL 34242

Title: TD () Delete
Name: POEG, LAPPY
Address: 1215 DOCKSIDE PLACE
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: JAMES, ROCHE
Address: 1301 DOCKSIDE PLACE
City-St-Zip: SARASOTA, FL 34242

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBINSON, CAROLYN
Address: 1341 DOCKSIDE PL
City-St-Zip: SARASOTA, FL 34242 US

Title: SD (X) Change () Addition
Name: SPARLER, JACK
Address: 1263 DOCKSIDE PLACE
City-St-Zip: SARASOTA, FL 34242 US

Title: TD (X) Change () Addition
Name: HOEG, LARRY
Address: 1215 DOCKSIDE PLACE
City-St-Zip: SARASOTA, FL 34242 US

Title: D (X) Change () Addition
Name: JAMES, ROCHE
Address: 1301 DOCKSIDE PLACE
City-St-Zip: SARASOTA, FL 34242 US

Title: VD () Change (X) Addition
Name: SOVIK, WILLIAM
Address: 1275 DOCKSIDE PLACE
City-St-Zip: SARASOTA, FL 34242 US

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: CAROLYN ROBINSON

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date