

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756330

FILED  
Feb 20, 2012  
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:** PD  
**Name:** SOVIK, WILLIAM  
**Address:** 1275 DOCKSIDE PLACE  
**City-St-Zip:** SARASOTA, FL 34242 US

**Title:** SD  
**Name:** MCILREVEY, DEBORAH  
**Address:** 1337 DOCKSIDE PLACE  
**City-St-Zip:** SARASOTA, FL 34242 US

**Title:** TD  
**Name:** ROCHE, JAMES  
**Address:** 1301 DOCKSIDE PLACE  
**City-St-Zip:** SARASOTA, FL 34242 US

**Title:** VD  
**Name:** FARMER, BARRY  
**Address:** 1235 DOCKSIDE PLACE  
**City-St-Zip:** SARASOTA, FL 34242 US

**Title:** D  
**Name:** BROWN, STEWART  
**Address:** 1237 DOCKSIDE PLACE  
**City-St-Zip:** SARASOTA, FL 34242 US

I hereby 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 all other like empowered.

**SIGNATURE:** BARRY FARMER

VD

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date