



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 757559</b> 1. Entity Name <b>HARBOUR VISTA CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3631 S.E. 10TH AVE. CAPE CORAL, FL 33904-4725</b>	Mailing Address <b>3631 S.E. 10TH AVE. CAPE CORAL, FL 33904-4725</b>
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2335621</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**FORD, JOSEPH  
3631 SE 10TH AVE  
CAPE CORAL, FL 33904**

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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:  (NOTE: Registered Agent signature required when restating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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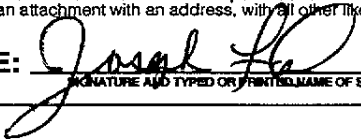
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, JOSEPH 3631 SE 10TH AVE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHMOND, GERARD 3631 SE 10TH AVENUE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARRAR, BENNIE 3631 SE 10TH AVE CAPE CORAL, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80053-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Date: **1-10-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #