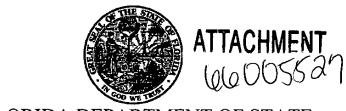
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State 03-03-2006 90115 021 ****61.25

ASSIST SE 10TH AVE. CAPE CORAL, FL 33904-1725 2. Principal Piace of Business Suite, April e, etc. Suite, April e, etc. Suite, April e, etc. Cory & State Cory & Stat	DOCUI 1. Entity Nam HARBOU	ıe.			M ASSOC	CIATION, INC.				03-03-2006 90	7113 021	01.23
Suite, Apit 8, etc. Cry & State Cry & Sta	3631 S.E. 10TH AVE.				363	1 S.E. 10TH AVE.	4-4725	· · · ·			,055 ²⁷	HERI OK 18 1 2
City & State Cey & Country Country Country Cey Cey Cey Country Cey Cey Country Cey Cey Country Cey Cey Country Cey Cey Cey Country Cey Cey Cey Country Cey	2. Principal Place of Business				3. Ma	ling Address						
Sp. 2335621 Not Applicable Sp. 235621 Sp.	Suite, Apt. #, etc.				Şi	Suite, Apt. #, etc.			02152006 C	hg-NP CF	12E037 (11/05)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Size 10TH AVE CAPE CORAL, FL 33904 City FL Zo Code 8. The above named entity submits into satisfacent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I an familiar with, and accept the objective of registered office or registered agent, or both, in the State of Florida. I an familiar with, and accept the objective of the obj	City & State				C	Ciry & State				.1		
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a. The above named entity submits into state floor to 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 SIGNAT	3631 SE 1	OTH AVE	3904			Sireet Addr			is (P.O. Box Number is Not Acceptable)			
SIGNATURE Signature Signa								City			FL Zip Coo	e .
Trust Fund Contribution. Added to Fees Fiorida Department of State 10. OFFICERS AND DIRECTORS	the obligations of registered agent. SIGNATURE SIGNAT											
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trye and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered be 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, Ath as other like empowered.	TITLE NAME STREET ADDRESS	CAPEGO	, , , , , , , , , , , , , , , , , , ,			☐ Delete	TITLI RAM STRE	E ET ADORESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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.	TITLE NAME STREET ADDRESS					☐ Delete	TITLE NAM STRE	E ET ADDRESS			Change	☐ Addition
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CHINATHRE CLANDOLL INC.	12. I hereby indicated of the conchanged	d on this reportion or t i, or on an att	ne inform int or su the rece achimer	nation supplied oplemental rep iver or trustee of it with an address	with this filing ort is true and empowered to ess, with all of	does not qualify for accurate and that if execute this report in her like empowered.	the exe sy signat as requi	mptions contain rure shall have the red by Chapter	he same legal effect as i 617, Florida Statutes; an	if made under path; I id that my name app	that I am an officer ears in Block 10 or	or director Block 11 if



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2006

HARBOUR VISTA CONDOMINIUM ASSOCIATION, INC. 3631 S.E. 10TH AVE. CAPE CORAL, FL 33904-4725

Subject: HARBOUR VISTA CONDOMINIUM ASSOCIATION, INC.

Reference Number:

757559

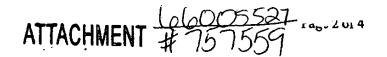
Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION



registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD
Name (Last, First, Middle, Title)	FORD JOSEPH , ,
· - OR -	
Entity Name to serve as Officer/Director	
Street Address	3631 SE 10TH AVE
City, State	CAPE CORAL , FL
Zip Code & Country	
Title	TD
Name (Last, First, Middle, Title)	RICHMOND GERARD ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	3631 SE 10TH AVENUE
City, State	CAPE CORAL , FL
Zip Code & Country	
Title	VPD
Name (Last, First, Middle, Title)	FARRAR BENNIE , ,
- OR - Entity Name to serve as	
Officer/Director	
Street Address	3631 SE 10TH AVE
City, State	CAPE CORAL , FL
Zip Code & Country	



ATTACHMENT 66005527 Division of Corporations # 757559-

Annual Report

Annual Report Help

Document Number 757559 Business Entity Name

HARBOUR VISTA CONDOMINIUM ASSOCIATION, INC.

FEI Number	592335621
FEI Number Status	© Listed Above O Applied For O Not Applicable
Certificate of Status Desired	O Yes @ No \$8.75 each
Election Campaign Financing Trust Fun	1 Contribution O Yes @ No
	ncipal Place of Business
Address	3631 S.E. 10TH AVE.
Suite, Apt. #, etc.	
City, State	CAPE CORAL , FL
Zip Code & Country	39044725
_	
	Mailing Address
. Address	631 S.E. 10TH AVE.
Suite, Apt. #, etc.	
City, State	APE CORAL FL
Zip Code & Country	39044725
Name and	Address of Registered Agent
Name (Last, First, Middle, Title)	FORD JUSSEPH J
- OR -	
Business to serve as RA	
Address (PO Box is not acceptable	3631 SE 10TH AVE
Suite, Apt. #, etc.	
City, State	CAPE CORAL , FL
Zip Code & Country	33904 US
If there is a change in registe in the Registered Agent S	red agent, the new agent will need to type their name ignature' block below to accept the designation of