

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-03-2006 90115 021 ****61.25

DOCUMENT # 757559

1. Entity Name
HARBOUR VISTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3631 S.E. 10TH AVE.
CAPE CORAL, FL 33904-4725

Mailing Address
3631 S.E. 10TH AVE.
CAPE CORAL, FL 33904-4725

41

66005527



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2335621

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

3-14-06

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
FORD, JOSEPH
3631 SE 10TH AVE
CAPE CORAL, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
RICHMOND, GERARD
3631 SE 10TH AVENUE
CAPE CORAL, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
FARRAR, BENNIE
3631 SE 10TH AVE
CAPE CORAL, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-06

339-549-8027



ATTACHMENT

66065527

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 **has not been filed** 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**
Division of Corporations66005527
#757559-**Annual Report****Annual Report Help**

Document Number

757559

Business Entity Name

HARBOUR VISTA CONDOMINIUM ASSOCIATION, INC.

FEI Number

59233562

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 3631 S.E. 10TH AVE.
Suite, Apt. #, etc.
City, State CAPE CORAL FL
Zip Code & Country 339044725

Mailing Address

Address 3631 S.E. 10TH AVE.
Suite, Apt. #, etc.
City, State CAPE CORAL FL
Zip Code & Country 339044725

Name and Address of Registered Agent

Name (Last, First, Middle, Title) FORD JOSEPH

- 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 registered agent, the new agent will need to type their name
in the 'Registered Agent Signature' block below to accept the designation of