

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90011 045 ****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

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2335621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Joseph Ford

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE ~~PD~~
NAME ~~RICHMOND, JAMES~~
STREET ADDRESS ~~3631 SE 10TH AVE~~
CITY- ST- ZIP ~~CAPE CORAL FL~~ ☒ Delete

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

TITLE TD
NAME RON LISS
STREET ADDRESS 3631 S/E 10TH AVE
CITY- ST- ZIP CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE TD
NAME RON LISS
STREET ADDRESS 3631 S/E 10 AVE
CITY- ST- ZIP CAPE CORAL FL ☒ Change ☐ Addition

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

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 Section 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:

JOSEPH FORD

2-2-07

239-549-8087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #