

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757695

FILED
Apr 05, 2006
Secretary of State

Entity Name: THE HARBOURAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2154273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: TD () Delete
Name: DOYLE, JOSEPH
Address: 1651 SAND KEY ESTATES CT #84
City-St-Zip: CLEARWATER, FL 33767

Title: PD () Delete
Name: BONO, BARBARA
Address: 1651 SAND KEY ESTATES CT #76
City-St-Zip: CLEARWATER, FL 33767

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILTON, BILL
Address: 1651 SAND KEY ESTATES CT #42
City-St-Zip: CLEARWATER, FL 33767

Title: TD (X) Change () Addition
Name: BONO, JAMES
Address: 1651 SAND KEY ESTATES CT #76
City-St-Zip: CLEARWATER, FL 33767

Title: VPD () Change (X) Addition
Name: HIBBS, LEON
Address: 1651 SAND KEY ESTATES CT #16
City-St-Zip: CLEARWATER, FL 33767

Title: SD () Change (X) Addition
Name: SHARP, GLORIA
Address: 1651 SAND KEY ESTATES CT #18
City-St-Zip: CLEARWATER, FL 33767

Title: D () Change (X) Addition
Name: GREELEY, CHARLES
Address: 1651 SAND KEY ESTATES CT #26
City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BILL WILTON

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date