

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90026 002 ****61.25

DOCUMENT # 758703

1. Entity Name
CLUB HARBOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY WEST SUITE 103
CAPE CORAL, FL 33914 US

Mailing Address
C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY WEST SUITE 103
CAPE CORAL, FL 33914 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2631490

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KASE, SUSAN
615 CAPE CORAL PKWY WEST
SUITE 103
CAPE CORAL, FL 33914

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

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, 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 VD ☐ Delete
NAME MASTERS, NORMA JEAN
STREET ADDRESS 511 SE 43RD ST. #204
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE SD ☐ Delete
NAME BAYER, RALPH
STREET ADDRESS 511 SE 43RD ST #205
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D ☐ Delete
NAME BASKERA, PAUL
STREET ADDRESS 511 SE 43RD STREET #202
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE PD ☐ Delete
NAME O'BRIEN, PHILIP
STREET ADDRESS 511 SE 43RD STREET #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE TD ☐ Delete
NAME O'CONNOR, PATRICK E
STREET ADDRESS 10522 S. ALBANY
CITY-ST-ZIP CHICAGO, IL 60655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Norma Jean Masters VP

4/17/07

239-
542-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #