


FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90028 046 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 761330

1. Entity Name
 HARBOUR VILLA TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business
 P.O. BOX 372033
 SATELLITE BEACH, FL 32937

Mailing Address
 P.O. BOX 372033
 SATELLITE BEACH, FL 32937

40022179



2. Principal Place of Business - No PO Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt #, etc.

City & State

02102007 Chg-NP CR2E037 (12/06)

Zip Country

4. FEI Number
 59-2159859

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

BECKER & POLIKOFF, P.A.
 2500 MAITLAND CENTER PKWY.
 SUITE 209
 MAITLAND, FL 32751

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JULIA 144 KRISTI DR INDIAN HARBOUR BCH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, TYRONE 151 KRISTI DR INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUNSTALL, JOANNA 114 KRISTI DRIVE INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMUNALE, STEPHEN 527 CARRIAGE CIRCLE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, MARY ANN 130 KRISTI DR INDIAN HARBOUR BCH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Donna Ludwig 163 Kristi Drive Indian Harbour Beach, FL 32937	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Newey 171 Kristi Drive Indian Harbour Beach, FL 32937	<input type="checkbox"/> Change <input type="checkbox"/> 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: Syrene Carter, TYRONE CARTER, Treasurer, 2/10/07 321-773-6964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR