


FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90022 045 ****61.25

**2008 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2159859 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 2500 MAITLAND CENTER PKWY. SUITE 209 MAITLAND, FL 32751 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.</small> DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| 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 | PD Donna Ludwig 163 Kristi Drive Indian Harbour Beach FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 | D Michael Finnegan 160 Kristi Drive Indian Harbour Beach FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 Anne Jaeger 101 Kristi Drive Indian Harbour Beach FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D COMUALE, STEPHEN 527 CARRIAGE CIRCLE SATELLITE BEACH, FL 32837 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <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: <i>Tyrone Carter</i> | | | Date: <i>2/5/08</i> 321-773-6964 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

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01042008 Chg-NP CR2E037 (12/06)