

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90021 037 ****61.25

DOCUMENT # 761916 1. Entity Name HARBOR WATCH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 544 PINELLAS BAYWAY PO BOX 66245 TIERRA VERDE, FL 33715 US			Mailing Address 7217 GULF BLVD, STE 5 STE 6 ST PETERSBURG BEACH, FL 33736 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2319784	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHNOOR, FRANK STE 6 ST PETERSBURG, FL 33706				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KADRIE, CHUCK		NAME		
STREET ADDRESS	544 PINELLAS BAYWAY #204		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPEGAL, DONN		NAME		
STREET ADDRESS	544 PINELLAS BAYWAY UNIT 201		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDER, JOHN		NAME		
STREET ADDRESS	544 PINELLAS BAY WAY, #203		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAY, MAX		NAME		
STREET ADDRESS	544 PINELLAS BAYWAY UNIT 402		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUTEN, ED		NAME		
STREET ADDRESS	544 PINELLAS BAYWAY UNIT #303		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Donn Spegal</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>3/25/05 727 367 5270</i> <small>Date Daytime Phone #</small>		