

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766989**

1. Entity Name  
**HARBOR WALK ONE CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**2220 S. FRONT STREET, BOX 18  
MELBOURNE, FL 32901**

Mailing Address  
**2220 S. FRONT STREET, BOX 18  
MELBOURNE, FL 32901**



01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2338195**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ADAMS, DONALD  
2220 FRONT ST  
UNIT 404  
MELBOURNE, FL 32901**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
ADAMS, DONALD  
2220 FRONT ST UNIT 404  
MELBOURNE, FL 32901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
HAHLE, DONNA  
2220 FRONT ST UNIT 401  
MELBOURNE, FL 32901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
DENNEHY, LIZ  
2220 FRONT ST. 303  
MELBOURNE, FL 32901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Donald Adams DONALD ADAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1.3.06 321.543.0175**

Date

Daytime Phone #