

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21881

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** HARBOR BRIDGE SUGARMILL WOODS II, LTD.

**Current Principal Place of Business:**

441 N.E. 1ST STREET  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

**FEI Number:** 59-2613314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNES AND COHEN CPA'S P.A.  
441 N.E. 1ST STREET  
CRYSTAL RIVER, FL 34429 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: PONTICOS, STEVE E  
Address: 7 BYRSONIMA COURT W.  
City-St-Zip: HOMOSASSA, FL

Address:  
City-St-Zip:

Document #:

Name: MAUGHAN, NELSON W  
Address: 44 CYPRESS BLVD. W.  
City-St-Zip: HOMOSASSA, FL

Address:  
City-St-Zip:

Document #:

Name: SANDERS, JAMES  
Address: 137 DOUGLAS STREET  
City-St-Zip: HOMOSASSA, FL

Address:  
City-St-Zip:

Document #:

Name: BARNES, G. MAX  
Address: P.O. BOX 2215  
City-St-Zip: CRYSTAL RIVER, FL 34423

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: G MAX BARNES

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/29/2011

\_\_\_\_\_  
Date