

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023495

1. Entity Name  
HARWICK-DALTON, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 14 AM 9:24

Principal Place of Business

164 BAYVIEW AVE  
NAPLES, FL 34108

Mailing Address

164 BAYVIEW AVE  
NAPLES, FL 34108

*[Handwritten signature]*



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1033193

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN & GRIGSBY, P.C.  
27200 RIVERVIEW CENTER BLVD  
SUITE 309  
BONITA SPRINGS, FL 34134

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DALTON, WILLIAM L  
2947 BELLFLOWER LANE  
NAPLES, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HARWICK HOMES CONSTRUCTION, INC.  
164 BAYVIEW AVE  
NAPLES, FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200045620862  
01/31/05-01007-011 \*\*300.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/05

Date

239-498-0801

Daytime Phone #

50.00