APR. 29. 2002 10:17AM KNOTT CONSOER PAT (UBR)

2002 ANNUAL REPORT

DOCUMENT # N00000000907

1. Entity Name

HARBOUR POINT VILLAS HOMEOWNERS ASSOCIATION, INC

FILED
May 29, 2002 8:00 am
Secretary of State
02-26-2002 90089 041 ****61.25

Principal Place of Business	Mailing Address
~~15830 DORSET LANE~~ ~~FT MYERS FL 33908~~	~~15830 DORSET LANE~~ ~~FT MYERS FL 33908~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15051 Tamiami Trail,	15051 Tamiami Trail
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.: Suite 203
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33908 Country: US	Zip: 33908 Country: US

4. FEI Number 35-2166609 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~FIELDS, CHRISTOPHER J~~
~~4933 HENDRY ST~~
~~FT MYERS FL 33901~~

7. Name and Address of New Registered Agent

Name: George L. Consoer, Jr.
Street Address (P.O. Box Number is Not Acceptable): Knott, Consoer, Ebelini, Hart & Swett, P.A.
1625 Hendry Street, Suite 301
City: Fort Myers FL Zip Code: 33901

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.

SIGNATURE _____ 2/2/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECKER, WALTER F 15960 CHATFIELD DR FT MYERS FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Edward D. Adkins 15051 Tamiami Trail, Suite 203 Fort Myers, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECKER, W J 49 PEN WEB PARK WEBSTER NY 14580	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T Cindy A. Stratton 15051 Tamiami Trail, Suite 203 Fort Myers, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECKER, CATHERINE M 41 PEN WEB PARK WEBSTER FL 14580	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~Sandra Adkins~~ 15051 Tamiami Trail, Suite 203 ~~Fort Myers, FL 33908~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECKER, PAMELA I 11 PEN WEB PARK WEBSTER NY 14580	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ PRESIDENT 1-14-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #