

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90201 012 ****61.25

DOCUMENT # N00000000907

1. Entity Name
**HARBOUR POINT VILLAS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**15051 S TAMiami TRAIL
SUITE 203
FT MYERS, FL 33908**

Mailing Address
**15051 S TAMiami TRAIL
SUITE 203
FT MYERS, FL 33908**



2. Principal Place of Business

3. Mailing Address

04282004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
35-2166609

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**CONSOER, GEORGE JR.
KNOTT, CONSOER, EBELINI, HART & SWETT, PA
1625 HENDRY STREET, SUITE 301
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name **Theodore L. Tripp**

Street Address (P.O. Box Number is Not Acceptable)
GARVIN E. TRIPP, P.A.

P.O. DRAWER 2040

City **Ft. Myers**

FL

Zip Code **33902**

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

See attached signature page

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **ADKINS, EDWARD D**
CITY-ST-ZIP **15051 S TAMiami TRAIL STE 203
FT MYERS, FL 33908**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **STRATTON, CINDY A**
CITY-ST-ZIP **15051 S TAMiami TRAIL STE 203
FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ADKINS, SANDRA**
CITY-ST-ZIP **15051 S TAMiami TRAIL STE 203
FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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:

Edward D. Adkins
EDWARD D. ADKINS

5/10/04

Date

239-466-7737

Daytime Phone *

Attachment
2400089
Division of Corporations

Annual Report

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Document Number

N00000000907

Business Entity Name

HARBOUR POINT VILLAS HOMEOWNERS ASSOCIATION, INC.

FEI Number

352166609

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

15051 S TAMIAMI TRAIL

Suite, Apt. #, etc.

SUITE 203

City, State

FT MYERS

FL

Zip Code & Country

33908

Mailing Address

Address

15051 S TAMIAMI TRAIL

Suite, Apt. #, etc.

SUITE 203

City, State

FT MYERS

FL

Zip Code & Country

33908

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

GARVIN & TRIPP, P.A.

Address

P. O. Box 2040

Suite, Apt. #, etc.

City, State

FORT MYERS

FL

Zip Code & Country

33902

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

THEODORE L. TRIPP, JR.

Attachment
201074589
Division of Corporations

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Document Number

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Business Entity Name

HARBOUR POINT VILLAS HOMEOWNERS ASSOCIATION, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

Atta Chment
241074589

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

#160000000907

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

D

Edward D. Adkins

Continue

Reset

Start Over

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REC'D MAY 03 2004

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 28, 2004

HARBOUR POINT VILLAS HOMEOWNERS ASSOCIATION, INC.
15051 S TAMiami TRAIL
SUITE 203
FT MYERS, FL 33908

SUBJECT: HARBOUR POINT VILLAS HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N00000000907

We have received your document for HARBOUR POINT VILLAS HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 804A00028347