

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000907

FILED
Apr 13, 2005
Secretary of State

Entity Name: HARBOUR POINT VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15051 S TAMiami TRAIL
SUITE 203
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15051 S TAMiami TRAIL
SUITE 203
FT MYERS, FL 33908

New Mailing Address:

FEI Number: 35-2166609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPP, THEODORE L
GARVIN & TRIPP, P.A.
PO DRAWER 2040
FORT MYERS, FL 33902 US

Name and Address of New Registered Agent:

TRIPP, THEODORE L
GARVIN & TRIPP, P.A.
2532 EAST FIRST STREET
FORT MYERS, FL 33902 US

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:

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADKINS, EDWARD D
Address: 15051 S TAMiami TRAIL STE 203
City-St-Zip: FT MYERS, FL 33908

Title: DST () Delete
Name: STRATTON, CINDY A
Address: 15051 S TAMiami TRAIL STE 203
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: ADKINS, SANDRA
Address: 15051 S TAMiami TRAIL STE 203
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD D ADKINS

DP

04/13/2005

Electronic Signature of Signing Officer or Director

Date