

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90203 041 \*\*\*\*61.25

**DOCUMENT # N00000006490**

1. Entity Name

HARBOUR ISLE YACHT & RACQUET CLUB  
CONDOMINIUM ASSOCIATION, SECTION VII, INC.



Principal Place of Business

CAPTIAL PROPERTIES GROUP, INC.  
3364 CLEVELAND AVE.  
FORT MYERS, FL 33901

Mailing Address

CAPTIAL PROPERTIES GROUP, INC.  
3364 CLEVELAND AVE.  
FORT MYERS, FL 33901

**40024554**



01052005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1090662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAGER, KENNETH D  
CAPITAL PROPERTIES GROUP, INC  
3364 CLEVELAND AVE.  
FORT MYERS, FL 33901

**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 \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ADANIA, PETER  
STREET ADDRESS 15160 HARBOR ISLE DR. #202  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE STD  
NAME JORGENSEN, BREVITON  
STREET ADDRESS 15160 HARBOR ISLE DR #501  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE VD  
NAME JACOBSEN, JOHN  
STREET ADDRESS 15160 HARBOUR ISLE DR., #601  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Peter M. Adania*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PETER M. ADANIA)

Date

Daytime Phone #

2/25/05