2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90054 008 ****61.25

DOCUMENT # N01000004439

1. Entity Name
HARBOR BAY RETIREMENT VILLAGE CONOOMINUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8517 S. PARK CIR., SUITE 210 ORLANDO, FL 32819	8517 S. PARK CIR., SUITE 210 ORLANDO, FL 32819

02032004 . Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1901 Harbor Bay Court	1901 Harbor Bay Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL 34741	City & State: Kissimmee, FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

4. FEI Number 59-3756077 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROOKS, JOANNA 8517 S. PARK CIR., SUITE 210 ORLANDO, FL 32819	Name: Joseph R. Cianfrone, Esq. Street Address (P.O. Box Number is Not Acceptable): 1968 Bayshore Blvd. City: Dunedin FL Zip Code: 34698

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: _____ DATE: 2/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIRKLAND, PATRICK B 4360 CHAMBLEE DUNWOODY RD., SUITE 407 ATLANTA, GA 30341	☐ Delete	PD Lance, Jonathan R. 160 West 66ths St.Apt. 27D New York, NY 10023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD BROOKS, JOANNA 8517 S. PARK CIR., SUITE 210 ORLANDO, FL 32819	☒ Delete	TSD Nasuti, Michael 1235 Tall Pine Drive Apoka, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADE, LAURA M 4360 CHAMBLEE DUNWOODY RD., SUITE 407 ATLANTA, GA 30341	☒ Delete	Sec. Azeez, Imthaiz 40 Hollis Road E. Brunswick, NJ 08816	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Kirkland, Patrick B 4860 Chamblee Dunwood Road, #407 Atlanta, GA 30341	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP Cosgriff, William 7 Cornelia Street, Suite 5C New YOrk, NY 10014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 02/20/04 212-847-6354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #