


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000004439</b>	
1. Entity Name <b>HARBOR BAY RETIREMENT VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1901 HARBOUR BAY COURT KISSIMMEE, FL 34741</b>	Mailing Address <b>1901 HARBOUR BAY COURT KISSIMMEE, FL 34741</b>
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**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3756077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CIANFRONE, JOSEPH R ESQ.  
1968 BAYSHORE BLVD.  
DUNEDIN, FL 34698**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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 NAME STREET ADDRESS CITY - ST - ZIP	PD LANCE, JONATHAN R 160 WEST 66THS ST. APT. 27D NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD NASUTI, MICHAEL 1235 TALL PINE DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AZEER, IMTHAIZ 40 HOLLIS ROAD EAST BRUNSWICK, NJ 08816
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRKLAND, PATRICK B 4860 CHAMBLEE DUNWOOD ROAD, #407 ATLANTA, GA 30341
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COSGRIFF, WILLIAM 7 CORNELIA STREET, SUITE 5C NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000350364  
05/02/05-80100-025 61.25

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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:**  **JONATHAN R. LANCE** **4-26-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #