


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005344</b> 1. Entity Name <b>HARBOUR COMMONS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>101 TAYLOR STREET PUNTA GORDA, FL 33950</b>	Mailing Address <b>101 TAYLOR STREET PUNTA GORDA, FL 33950</b>
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01082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1127744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BERSON, C T 101 TAYLOR ST PUNTA GORDA, FL 33950</b>
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**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 re-registering) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	<b>DPT BERSON, CECIL T 101 TAYLOR STREET PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS BERSON, LINDA 101 TAYLOR STREET PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERSON, CHARLES 101 TAYLOR STREET PUNTA GORDA, FL 33950</b>
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U00000384997  
01/17/06-80037-017 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DPT 01/09/06 941.639.3290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #