

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 002 ****61.25

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1. Entity Name

HARBOURVIEW VILLAS AT SOUTH SEAS RESORT
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

SOUTH SEAS RESORT
CAPTIVA, FL 33924

Mailing Address

1509 PERIWINKLE WAY
SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
06-1683608

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILTON GRAND VACATIONS COMPANY, LLC
6355 METRO WEST BLVD
SUITE 180
ORLANDO, FL 32835

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARTON, STANLEY
STREET ADDRESS	9209 WILLOWCREST COURT
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VSD
NAME	MCCARTHY, SUSAN R
STREET ADDRESS	26 GORHAM AVE
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	TD
NAME	CARROLL, KEVIN M
STREET ADDRESS	2685 NW 27TH AVE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	GRACE, BARBARA
STREET ADDRESS	PMB 304, 8951 BONITA BEACH RD, STE 525
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	KOWALCZYK, ANDREW JR
STREET ADDRESS	185 CENESEE STREET
CITY-ST-ZIP	UTICA, NY 13501
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 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:

Stanley Barton
STANLEY BARTON

1-11-07 239-466-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #