

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90035 046 ****61.25

DOCUMENT # N02779

1. Entity Name

HARBOR POINTE WEST CONDOMINIUM ASSOCIATION OF
DUNEDIN, INC.



Principal Place of Business
340 CAUSEWAY BLVD.
DUNEDIN FL 34698

Mailing Address
251 WINDWARD PASSAGE
STE F
CLEARWATER FL 33767



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2436110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, SHERON
251 WIDWARD PASSAGE
STE F
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE TD ☐ Delete
NAME DHOND, HARRY
STREET ADDRESS 2311 CAPE BEND AVE
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Delete
NAME KANISKI, MAUREEN
STREET ADDRESS 340 CAUSEWAY BLVD.
CITY-ST-ZIP DUNEDIN FL 34698

TITLE P ☐ Delete
NAME WILFERT, BILL
STREET ADDRESS 340 CAUSEWAY BLVD.
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VD ☒ Delete
NAME KAY, ALAN
STREET ADDRESS 340 CAUSEWAY BLVD #201
CITY-ST-ZIP DUNEDIN FL 34698

TITLE D ☒ Delete
NAME FIELDER, THOMAS
STREET ADDRESS 340 CAUSEWAY BLVD., #211
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William J. Willett

3/10/06