

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90017 018 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/06)

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 restructuring) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2007**

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: <b>DHONDT, HARRY</b> STREET ADDRESS: <b>2311 CAPE BEND AVE</b> CITY- ST- ZIP: <b>TAMPA FL 33613</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>PD</b> NAME: <b>MICHAEL MORAN</b> STREET ADDRESS: <b>340 CAUSEWAY BLVD #211</b> CITY- ST- ZIP: <b>DUNEDIN, FL. 34698</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: <b>KANISKI, MAUREEN</b> STREET ADDRESS: <b>340 CAUSEWAY BLVD.</b> CITY- ST- ZIP: <b>DUNEDIN FL 34698</b>	<input type="checkbox"/> Delete	TITLE: <b>SD</b> NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>WILFERT, BILL</b> STREET ADDRESS: <b>340 CAUSEWAY BLVD.</b> CITY- ST- ZIP: <b>DUNEDIN FL 34698</b>	<input type="checkbox"/> Delete	TITLE: <b>TD</b> NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete	TITLE: <b>VPD</b> NAME: <b>THOMAS FIELDER</b> STREET ADDRESS: <b>340 CAUSEWAY BLVD. #211</b> CITY- ST- ZIP: <b>DUNEDIN, FL. 34698</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete	TITLE: <b>D</b> NAME: <b>RONALD LANIER</b> STREET ADDRESS: <b>340 CAUSEWAY BLVD #203</b> CITY- ST- ZIP: <b>DUNEDIN, FL. 34698</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Wilfert, Inc 3/2/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #