

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

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02960**

1. Entity Name

HARBOR INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% GENERAL BUSINESS SERVICES  
17466 FOREMOST LN.  
PT.CHARLOTTE FL 33948

% GENERAL BUSINESS SERVICES  
17466 FOREMOST LN.  
PT.CHARLOTTE FL 33948



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0043118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, ROBERT A  
14766 FOREMOST LN  
PORT CHARLOTTE FL 33948

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 reinstating)

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  
STREET ADDRESS  
CITY-STATE-ZIP  
SDD  
LENHARDT, FRANK  
4145 WHIDDEN  
CHARLOTTE HARBOR FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U00000643966  
03/02/07-80023-019 61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PDD  
MCGREADY, WILFRED  
4079 TAMiami TR.  
PT.CHARLOTTE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TDD  
BENNER, WARREN  
445 WHIDDEN BLVD  
CHARLOTTE HARBOR FL 33980 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
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TITLE  
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CITY-STATE-ZIP  
☐ Change ☐ 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, without other like empowered.

SIGNATURE:

*[Handwritten Signature]* FRB OM CUBA 2-19-07 PRESIDENT 941-627-8022