


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90014 001 ****61.25

DOCUMENT # N02961			
1. Entity Name HARBOUR WATERWAY ASSOCIATION, INC.			
Principal Place of Business 4492 HARBOUR NORTH CT JACKSONVILLE, FL 32225 US		Mailing Address 4492 HARBOUR NORTH CT JACKSONVILLE, FL 32225 US	
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 59-2422614		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POOLE, STANLEY O 4492 HARBOUR N. CT. JACKSONVILLE, FL 32225		Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD POOLE, STANLEY O 4492 HARBOUR N. CT. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD MACCCURACH, CAROL 1231 PORTSIDE DR JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	STROUP, PAUL
STREET ADDRESS		STREET ADDRESS	11257 Portside Dr
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	SD CAMERON, RUSSELL 4317 HARBOUR ISLAND JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	DEEN, CINDEE
STREET ADDRESS		STREET ADDRESS	4560 Harbour North Ct.
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	PD BRANDE, MIKE 4484 HARBOUR N. COURT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	CONOVER, LINDA
STREET ADDRESS		STREET ADDRESS	4407 Harbour Island Dr.
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Stanley O. Poole</i>		Date: 5/12/04 Daytime Phone #: 904 642 4127	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			