

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90225 025 ****70.00

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 4636 HARBOUR North Suite, Apt. #, etc. Court		3. Mailing Address 4636 HARBOUR North CT Suite, Apt. #, etc.				
City & State Jacksonville		City & State Jacksonville		4. FEI Number 59-2422614		
Zip 32225		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent POOLE, STANLEY O 4492 HARBOUR N. CT. JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name: William K HEBBARD Street Address (P.O. Box Number is Not Acceptable): 4636 HARBOUR North CT. City: Jacksonville FL Zip Code: 32225		
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: <i>William K Hebbard</i> William K HEBBARD TD 4-16-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2005		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	NAME POOLE, STANLEY O		<input checked="" type="checkbox"/> Delete	TITLE TD	NAME William K HEBBARD	
STREET ADDRESS 4492 HARBOUR N. CT.	CITY-ST-ZIP JACKSONVILLE, FL 32225		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 4636 HARBOUR North CT	CITY-ST-ZIP Jacksonville, FL 32225	
TITLE VD	NAME STROUP, PAUL		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 11257 PORTSIDE DR	CITY-ST-ZIP JACKSONVILLE, FL 32225		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME DEEN, CINDEE		<input checked="" type="checkbox"/> Delete	TITLE SD	NAME BOB CARLSON	
STREET ADDRESS 4560 HARBOUR NORTH CT	CITY-ST-ZIP JACKSONVILLE, FL 32225		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 11267 PORTSIDE DR	CITY-ST-ZIP Jacksonville, FL 32225	
TITLE PD	NAME CONEVER, LINDA		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 4407 HARBOUR ISLAND DR	CITY-ST-ZIP JACKSONVILLE, FL 32225		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	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>William K Hebbard</i> William K. HEBBARD 4-16-05 904-727-2061 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						