


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.



04182005 Chg-NP CR2E037 (10/03)

City & State
JACKSONVILLE

City & State
JACKSONVILLE

Zip
32225 Country **DUVAL**

Zip
32225 Country **DUVAL**

4. FEI Number
59-2422614

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 *William K Hebbard* **William K HEBBARD** TD **4-16-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	TD POOLE, STANLEY O 4492 HARBOUR N. CT. JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STROUP, PAUL 11257 PORTSIDE DR JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEEN, CINDEE 4560 HARBOUR NORTH CT JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONEVER, LINDA 4407 HARBOUR ISLAND DR JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD William K HEBBARD 4636 HARBOUR NORTH CT JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOB CARLSON 11267 PORTSIDE DR JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *William K Hebbard* **William K. HEBBARD** **4-16-05** **904-727-2061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #