

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02961

FILED
Apr 06, 2009
Secretary of State

Entity Name: HARBOUR WATERWAY ASSOCIATION, INC.

Current Principal Place of Business:

4636 HARBOUR NORTH CT
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

4636 HARBOUR NORTH CT
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2422614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIBBARD, WILLIAM K
4636 HARBOUR NORTH CT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MACKINNON, TAMI
Address: 4456 BAY HARBOUR DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: BRITALAN, ROBERT
Address: 11191 SCHNOOR CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: JENSEN, CAROL
Address: 4460 HARBOUR NORTH CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: HIBBARD, WILLIAM
Address: 4636 HARBOUR NORTH CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: PIPES, STANLEY
Address: 11554 STARBOARD DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CS () Change (X) Addition
Name: BAILEY, JOAN
Address: 4225 HARBOUR ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM K HIBBARD

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date