

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90324 006 ****61.25

DOCUMENT # N03000000887

1. Entity Name
**THE VILLAS AT HARBOUR POINTE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**530 CONSTRUCTION LANE
LEHIGH ACRES, FL 33936**

Mailing Address
**P.O. BOX 1058
LEHIGH ACRES, FL 33970**

00010661



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1179764

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE
SUITE 340
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name **Becker & Poliakoff, P.A. c/o Joseph E Adams**
Street Address (P.O. Box Number is Not Acceptable)
14241 Metropolis Avenue, Suite 100
City **Fort Myers** **FL** Zip Code **33912**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **D** ☐ Delete
NAME **MORTILLIET, MIKE**
STREET ADDRESS **1900 LAGOON LANE**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **SD** ☐ Delete
NAME **KAYS, JOHN**
STREET ADDRESS **5809 HARBOUR CIRCLE**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **PD** ☐ Delete
NAME **MOULIS, JOHN**
STREET ADDRESS **5801 HARBOUR CIRCLE**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Mortelliti, Mieke**
STREET ADDRESS **5805 Harbour Circle**
CITY-ST-ZIP **Cape Coral, Florida 33914**

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

JOHN H. MOULIS PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #