

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005677**

1. Entity Name  
**ENGLEWOOD HARBOURVIEW CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**3579 S ACCESS RD STE L  
ENGLEWOOD, FL 34224**      **3579 S ACCESS RD STE L  
ENGLEWOOD, FL 34224**

**DO NOT WRITE IN THIS SPACE**



03282008 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**NOT APPLICABLE**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEWELL, DARRYL A  
3579 S ACCESS RD STE L  
ENGLEWOOD, FL 34224**

**DO NOT WRITE IN THIS SPACE**

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)      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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIGNAM, THOMAS M
STREET ADDRESS	5206 THE PT
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	NEWELL, DARRYL
STREET ADDRESS	1361 BAYSHORE DR
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	PORTER, WILLIAM
STREET ADDRESS	2410 BUCKSKIN
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000487253  
04/13/06-80071-001 61.25

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Darryl Newell      3/28/06      1-941-474-952

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