

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-02-2004 90043 013 ****61.25

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MOORE CR2E037 (11/03)

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| DOCUMENT # N03000007034 1. Entity Name HARBOUR VILLAGE AT HISTORIC ST. ANDREWS CONDOMINIUM ASSOCIATION, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3801 PLAZA TOWER DRIVE BATON ROUGE LA 70816 | | Mailing Address 3801 PLAZA TOWER DRIVE BATON ROUGE LA 70816 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 4101 Plaza Tower Drive Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 86658 Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Baton Rouge LA Zip Country 70816 EAST Baton Rouge | | City & State Baton Rouge LA Zip Country 70879 EAST Baton Rouge | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 72-1561691 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent LEE BRICK, BRIAN D ESQ 220 MCKENZIE AVE PANAMA CITY FL 32401 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>3801 PLAZA TOWER DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BATON ROUGE LA 70816</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>ROBBINS, BOB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>766 W 23RD STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PANAMA CITY FL 32405</td> <td></td> </tr> </table> </div> </div> | | | | TITLE | NAME | Delete | NAME | 3801 PLAZA TOWER DRIVE | | STREET ADDRESS | BATON ROUGE LA 70816 | | CITY - ST - ZIP | | | TITLE | NAME | Delete | NAME | ROBBINS, BOB | | STREET ADDRESS | 766 W 23RD STREET | | CITY - ST - ZIP | PANAMA CITY FL 32405 | |
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| 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: <u>MANIC</u> 1/27/04 225-292-2862 x 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |