

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03567

**FILED**  
**Oct 19, 2004**  
**Secretary of State****Entity Name:** HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**595 DREAM ISLAND RD  
LONGBOAT KEY, FL 342281520**New Principal Place of Business:**615 DREAM ISLAND RD  
LONGBOAT KEY, FL 342281520**Current Mailing Address:**595 DREAM ISLAND RD  
LONGBOAT KEY, FL 342281520**New Mailing Address:**615 DREAM ISLAND RD  
LONGBOAT KEY, FL 342281520**FEI Number:** 65-0047145      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**PFLUGNER, GEOFFREY  
1 CARK MERRIU ET AL  
2033 MAIN ST, STE. 101  
SARASOTA, FL 34237 US**Name and Address of New Registered Agent:**PFLUGNER, GEOFFREY  
1 CARD MERRILL ET AL  
2033 MAIN ST, STE. 101  
SARASOTA, FL 34237 US

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: GEOFFREY PFLUGNER

10/19/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D      ( ) Delete  
**Name:** BAKER, LARRY  
**Address:** PO BOX 283  
**City-St-Zip:** MINOCQUA, WI 54548**Title:** D      ( ) Delete  
**Name:** GOWAN, WILLIAM  
**Address:** 2198 HERITAGE AVE  
**City-St-Zip:** OKEMOS, MI 48864**Title:** VP      ( ) Delete  
**Name:** BROOKS, JIM  
**Address:** 615 DREAM ISLAND ROAD #304  
**City-St-Zip:** LONGBOAT KEY, FL 34228**Title:** P      ( ) Delete  
**Name:** DUJARDIN, DAVID  
**Address:** 615 DREAM ISLAND ROAD  
**City-St-Zip:** LONGBOAT KEY, FL 34228**Title:** D      ( ) Delete  
**Name:** THOMPSON, ROBERT  
**Address:** 2336 FAIRHAVEN RD  
**City-St-Zip:** DAVENPORT, IA 52803**Title:** T      ( ) Delete  
**Name:** STYLES, R. P. G.,  
**Address:** 8 YORKRIDGE ROAD WILLOWDALE  
**City-St-Zip:** TORONTO, ONTARIO, M291R**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VP      (X) Change ( ) Addition  
**Name:** BAKER, LARRY  
**Address:** PO BOX 283  
**City-St-Zip:** MINOCQUA, WI 54548**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      (X) Change ( ) Addition  
**Name:** CAMERON, CONNIE  
**Address:** 615 DREAM ISLAND ROAD #214  
**City-St-Zip:** LONGBOAT KEY, FL 34228**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID DUJARDIN

P

10/19/2004

Electronic Signature of Signing Officer or Director

Date