

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03567

FILED
Feb 17, 2012
Secretary of State

Entity Name: HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

615 DREAM ISLAND RD
LONGBOAT KEY, FL 342281520

New Principal Place of Business:

Current Mailing Address:

615 DREAM ISLAND RD
LONGBOAT KEY, FL 342281520

New Mailing Address:

FEI Number: 65-0047145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLER, RICHARD
1408 8TH AVENUE WEST
BRADENTON, FL 34205 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: P
Name: WOELFLING, ROBERT
Address: 118 ELM AVENUE
City-St-Zip: HERSHEY, PA 17033

Title: D
Name: GRIFFIN, TERRY
Address: 1301 N. LAKE SYBELIA DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: DIMLER, CHARLES
Address: 7203 KIOWA CIRCLE
City-St-Zip: CHANASSEN, MN 55317

Title: VP
Name: BAKER, LARRY
Address: PO BOX 283
City-St-Zip: MINOCQUA, MN 54548

Title: D
Name: WEBSTER, MARY LOU
Address: 615 DREAM ISLAND ROAD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ST
Name: STYLES, GEOFF
Address: 8 YORKRIDGE ROAD WILLOWDALE
City-St-Zip: TORONTO, ONTARIO, CA M291R

I hereby 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 all other like empowered.

SIGNATURE: ROBERT WOELFLING

P

02/17/2012

Electronic Signature of Signing Officer or Director

Date