## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N0400001860

L. Entity Name

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

HARBOUR ISLE AT HUTCHINSON ISLAND PROPERTY MAINTENANCE ASSOCIATION, INC.



Aug 23, 2007 8:00 am Secretary of State

**FILED** 

08-23-2007 90021 038 \*\*\*\*61.25

Principal Plac		Mailing Address									
801 SEAWAY DRIVE		801 SEAWAY DRIVE		40		•					
HUTCHINSON ISLAND, FL 34949		HUTCHINSON ISLAND, FL 34949			- 1						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address (061 E)					الاين	Λ   <b>         </b>					
		735-Colo	735-Colorate AVE Rd								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	07232007 <sub>C</sub>	hg-NP	CR2E037	(12/06)		
City B Cana			SUITE #400 City & State 24-71 7			4 FF(N)			· · · · · · · · · · · · · · · · · · ·	aliad Far	
City & Stat	e	HOLIA, With Fluid				4. FEI Number Applied For 20-0856799 Not Applicable					
Zip Country			Zip 23 Una Cou		-		<u> </u>	_ •	8.75 Add		
	,	3453	-	ŪŚΑ	1	5. Certificate of S	tatus Desired		ee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
JECK, PHILIPPE C					Name						
	DIANTOWN ROAD, SUITE 40	0	Street Address			(P.O. Box Number is Not Acceptable)					
JUPITER,	·	•									
•											
1								FL	Zip Cod	•	
G. The charge		- N					45 - 05 - 1 - 1 - 1		30. 50		
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 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 September 14, 2007  9. Election Campaign Figure 17 Trust Fund Contribution						\$5.00 May Be Added to Fees	1	ike check da Departi			
							<u> </u>				
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE Name	SIMPSON, R. MASON	☐ De	iete TITL NAM						☐ Change	☐ Addition	
STREET ADDRESS				EET ADORESS							
CITY-ST-ZIP	I			(-ST-ZIP							
TITLE	SD	□ De	lete TITL	E		<del></del>			☐ Change	Addition	
NAME	LANNIE, NOLES NAM			<b>I</b>					L Grange		
STREET ADDRESS	801 SEAWAY DRIVE STRE			EET ADDRESS							
CITY-ST-ZIP	HUTCHINSON ISLAND, FL 34949			'- ST- ZIP							
TITLE	D	De De	lete TITL	E					☐ Change	Addition	
NAME	MARTIN, DAVID	,	NAN	1E							
STREET ADDRESS	801 SEAWAY DRIVE			EET ADDRESS						1	
CITY-ST-ZIP	HUTCHINSON ISLAND, FL 3494	<del>1</del> 9 	CITY	'-ST-ZIP							
TITLE		☐ De		E D	^	W. P.J.			☐ Change	Addition	
NAME CYRCET ADDRESS			NAM	E 1000000 100	0664	EAWAY DRIVE					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	ereni	lingon) Isua	A. D. FL 34	1949			
TITLE					J 10-F1	11/2019 7:30			Change	□ Addition	
NAME		☐ De	NAM	<b>I</b>					Change	☐ Addition	
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		□ De	ete TITL	E					☐ Change	☐ Addition	
NAME			NAM	i							
STREET ADDRESS			STRI	EET ADDRESS							
CITY-ST-ZIP			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 cor	poration or the receiver or trustee empt	owered to execute th	is report as requi	ture snall have ired by Chapter	me si r 617,	ame iegai errect as . Florida Statutes; ar	ii made under oi nd that my name	ain; inai I ar appears in	n an officer Block 10 or	or airector Block 11 if	
of the corporation of 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.											
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