

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004656

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** HARBOUR TRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1319 MIRAMAR ST SUITE 101  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

53085 CHIQUITA BLVD  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

1319 MIRAMAR ST SUITE 101  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 13-4239130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZUNINO, PAOLA  
GPM CONDO MGMT INC  
1319 MIRAMAR ST STE 101  
CAPE CORAL, FL 33904 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: VPD ( ) Delete  
Name: GARRETT, RICHARD  
Address: 1616 CAPE CORAL PKWY  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: PD ( ) Delete  
Name: BREDESON, LINDA  
Address: 5308 CHIQUITA BLVD #202B  
City-St-Zip: CAPE CORAL, FL 33914

Title: STD ( ) Delete  
Name: FILOMENO, JAMES  
Address: 5401 SW 17TH AVE.  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: LINDA BREDESON

PRES

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date