2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State
05-11-2006 90235 037 ****61.25

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1. Entity Name
HARBOR VILLAS AT DUNEDIN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2186 EDYTHE DRIVE DUNEDIN, FL 34698	2186 EDYTHE DRIVE DUNEDIN, FL 34698

04272006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4175 East Bay Drive Suite, Apt. #, etc. Suite 205
City & State	City & State Clearwater, FL
Zip / Country	Zip / Country 33764

4. FEI Number 20-0274893 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLISTON, TODD W 8211 W BROWARD BLVD SUITE 375 PLANTATION, FL 33324	Name: HILDEBRANDT, Hal Street Address (P.O. Box Number is Not Acceptable) 4175 East Bay Drive Suite 205 City Clearwater FL Zip Code 33764

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 Hal Hildebrandt 4/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required signature of registered agent.) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Mike Rega 2186 Edythe Drive Unit 5 Dunedin FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS/D Heather Perry 2186 Edythe Drive Unit 11 Dunedin FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jod Pecchioli 2186 Edythe Drive Unit 7 Dunedin, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Heather Perry VP Heather E Perry 5/25/06 727-535-2704
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #