

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90022 006 ****61.25

DOCUMENT # N05000004412

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



Principal Place of Business
**2186 EDYTHE DRIVE
DUNEDIN, FL 34698**

Mailing Address
**4175 EAST BAY DRIVE STE 205
CLEARWATER, FL 33764**

60024195



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-2748903

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~HILDEBRANDI, HAL
4175 EAST BAY DRIVE
CLEARWATER, FL 33764~~

N BLISS, KIRK
S C/O CMC, INC
4175 East Bay Dr., Ste 205
Clearwater, FL 33764
Zip Code

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, 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 May 1, 2008**

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 PTD
NAME REGA, MIKE
STREET ADDRESS 2186 EOTHIE DRIVE UNIT 5
CITY-ST-ZIP DUNEDIN, FL 34698 ☐ Delete

TITLE
NAME P.J. Rega, Mike ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD
NAME PERRY, HEATHER
STREET ADDRESS 2186 EAGLE DRIVE UNIT 11
CITY-ST-ZIP DUNEDIN, FL 34698 ☐ Delete

TITLE
NAME V.P.S. Perry, Heather ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RUCCHIOLO, JOD ☒ Delete
STREET ADDRESS 2186 EAGLE DRIVE UNIT 7
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE
NAME Barbaro, Paul ☐ Change ☒ Addition
STREET ADDRESS 2186 Edythe Dr.
CITY-ST-ZIP Dunedin, FL 34698

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 listed empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-692-
ALL