


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90060 020 \*\*\*\*61.25

DOCUMENT # N05266			
1. Entity Name THE HARBOR TOWNHOMES ASSOCIATION, INC.			
Principal Place of Business 435 WATERWAY LANE FT WALTON BEACH FL 32547 US		Mailing Address POST OFFICE BOX 236 SHALIMAR FL 32579 US	
2. Principal Place of Business 431 waterway lane		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Walton Bch FL		City & State	
Zip 32547	Country	Zip	Country
6. Name and Address of Current Registered Agent DONOVAN, ROBERT D 168 COUNTRY CLUB RD SHALIMAR FL 32579		7. Name and Address of New Registered Agent Name: Bonnie Daigle Street Address (P.O. Box Number is Not Acceptable) 431 Waterway Lane City: Ft. Walton Bch FL Zip Code: 32547	
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: <u>Bonnie Daigle</u> 1-25-05 Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME DONOVAN, ROBERT D STREET ADDRESS 168 COUNTRY CLUB RD CITY-ST-ZIP SHALIMAR FL 32579	<input checked="" type="checkbox"/> Delete	TITLE Pres NAME Bonnie Daigle STREET ADDRESS 431 WATERWAY LANE CITY-ST-ZIP FT. WALTON BCH. FL. 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME GALLOWAY, CHRISTINE D STREET ADDRESS 8 SHAKESHORE DR CITY-ST-ZIP SHALIMAR FL 32579	<input checked="" type="checkbox"/> Delete	TITLE V.P. NAME CAROL GILLETTE STREET ADDRESS 411 WATERWAY LANE CITY-ST-ZIP FT. WALTON BCH. FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME RAINER, SKIP STREET ADDRESS 54 SHALIMAR DR CITY-ST-ZIP SHALIMAR FL 32579	<input checked="" type="checkbox"/> Delete	TITLE Sec. NAME Merrie Wette STREET ADDRESS 117 LAKEVIEW CIR. UNIT 3102 CITY-ST-ZIP WAREHO GA. 30183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Bonnie Daigle</u>		1-25-05 850.864-3920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

30000100



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2568664 Applied For Not Applicable

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