

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000918

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** HARBOR PROFESSIONAL CREWSWATER CONDOMINIUM ASSOCIATION INC

**Current Principal Place of Business:**

3420 TAMiami TRAIL  
SUITE 3  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 495850  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHALIDI, SAKINA  
2400 HARBOR BLVD  
SUITE 17  
PORT CHARLOTTE, FL 33952 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: P ( ) Delete  
Name: KHALIDI, NASIR  
Address: 3420 TAMiami TRAIL SUITE 3  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP ( ) Delete  
Name: NAVEED, KHALIDI  
Address: 2400 HARBOR BLVD, SUITE 17  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Delete  
Name: KHALIDI, SAKINA  
Address: 2400 HARBOR BLVD SUITE 17  
City-St-Zip: PORT CHARLOTTE, FL 33952

**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 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: SAKINA KHALIDI

MGR

01/03/2007

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

\_\_\_\_\_  
Date