

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001573

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** HARMONY POINTE AT EMERSON SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 238  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

27499 RIVERVIEW CENTER BOULEVARD  
SUITE 238  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 20-4321014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVALLONE, FRANCO  
27499 RIVERVIEW CENTER BOULEVARD  
SUITE 238  
BONITA SPRINGS, FL 34134 US

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

LISTON, DAVID  
27499 RIVERVIEW CENTER BOULEVARD  
SUITE 238  
BONITA SPRINGS, FL 34134 US

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: DAVID LISTON

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROSSEIT, BRETT  
Address: 5801 PELICAN BAY BOULEVARD SUITE 600  
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete  
Name: SACKETT, JOHN  
Address: 5801 PELICAN BAY BOULEVARD SUITE 600  
City-St-Zip: NAPLES, FL 34108

Title: STD ( ) Delete  
Name: CUSSON, JAYSON  
Address: 17502 OLD HARMONY DRIVE #201  
City-St-Zip: FORT MYERS, FL 33908

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

Title: PD (X) Change ( ) Addition  
Name: NUNN, WILLY  
Address: 10801 CORKSCREW RD. SUITE 421  
City-St-Zip: ESTERO, FL 33928

Title: VD (X) Change ( ) Addition  
Name: LAHAYE, JIM  
Address: 10801 CORKSCREW RD. SUITE 421  
City-St-Zip: ESTERO, FL 33928

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: DAVID LISTON

PM

04/14/2009

Electronic Signature of Signing Officer or Director

Date