


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90026 011 \*\*\*\*61.25

<b>DOCUMENT # N06000005291</b>						
<b>1. Entity Name</b> HARBOR VILLAS CONDOMINIUM I ASSOCIATION OF SINGER ISLAND, INC.						
<b>Principal Place of Business</b> 1211 THE PLAZA SINGER ISLAND, FL 33404			<b>Mailing Address</b> 1211 THE PLAZA SINGER ISLAND, FL 33404			
<b>2. Principal Place of Business - No P.O. Box #</b> 500 CENTRAL DRIVE		<b>3. Mailing Address</b> 500 CENTRAL DRIVE				
Suite, Apt. #, etc. SUITE # 110		Suite, Apt. #, etc. SUITE # 110				
City & State VIRGINIA BEACH VA		City & State VIRGINIA BEACH VA				
Zip 23454		Country USA		Zip 23454		
Country USA		Country USA				
<b>6. Name and Address of Current Registered Agent</b>  STEWART, JAMES M ESQ. 1211 THE PLAZA SINGER ISLAND, FL 33404			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code			
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>		
<b>Make check payable to</b> <b>Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELIN, ROBERT H 500 CENTRAL DRIVE, STE 110 VIRGINIA BEACH, VA 234545236		<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	SD NELIN, GREGORY M 500 CENTRAL DRIVE, SUITE 110 VIRGINIA BEACH, VA 234545236		<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	VD MULVANEY, THOMAS H POST OFFICE BOX 7841 JUPITER, FL 334687842		<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	T NELIN, BARBARA A 500 CENTRAL DRIVE, STE 110 VIRGINIA BEACH, VA 234545236		<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	
<b>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.</b>						
<b>SIGNATURE:</b> <u>Robert Nelin</u>			<u>ROBERT NELIN</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/18/08</u> Daytime Phone # <u>757-340-1575</u>			



02132008 Chg-NP CR2E037 (12/06)

4. FEI Number 13-4335230 Applied For Not Applicable

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