

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90046 032 ****61.25

DOCUMENT # N09592

1. Entity Name
**HARBOUR TOWN OFFICE OWNERS AND
STORE OWNERS ASSOCIATION, INC.**



Principal Place of Business
**913 GULF BREEZE PKWY
UNIT NO 5
GULF BREEZE, FL 32561**

Mailing Address
**P O BOX 58
GULF BREEZE, FL 32562-7058**

50032419



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2611089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MR. TAX
913 GULF BREEZE PARKWAY
UNIT NO 5
GULF BREEZE, FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

J. Nevin Shaffer Jr. **J. NEVIN SHAFFER JR. PRES. 25 years**

(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, 2005**

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 **PD** ☐ Delete
NAME **BOHAMMON, TAMMY**
STREET ADDRESS **913 GULF BREEZE PKWY, STE 24**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **Rob Montgomery Vice Pres.** ☒ Change ☐ Addition
NAME **913 Gulf Breeze Pkwy, Ste 12**
STREET ADDRESS **Gulf Breeze, FL 32561**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MUTTERING, LINDA**
STREET ADDRESS **913 GULF BREEZE, STE 19**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **Merting, Linda, Treasurer** ☒ Change ☐ Addition
NAME **913 Gulf Breeze Pkwy, Ste 1**
STREET ADDRESS **Gulf Breeze, FL 32561**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SHAFFER, NEVIOR**
STREET ADDRESS **913 GULF BREEZE PKWY, STE 36**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **-Shaffer, Nevin, President** ☒ Change ☐ Addition
NAME **913 Gulf Breeze Pkwy, Ste 43**
STREET ADDRESS **Gulf Breeze, FL 32561**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Nevin Shaffer Jr. **J. NEVIN SHAFFER JR. PRES. 25 years**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone

850 934 4124