

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90750 009 ****61.25

DOCUMENT # N12869 1. Entity Name HARBOUR CIRCLE AT LONGBOAT KEY CLUB ASSOCIATION, INC.					
Principal Place of Business HARBOUR CIRCLE LONGBOAT KEY, FL 34228 US			Mailing Address 595 BAY ISLES RD. 201 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2671856	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BETH CALLANS MGMT. CORP. 595 BAY ISLES RD #201 LONGBOAT KEY, FL 34228				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY - ST - ZIP	D LEVY, LOUIS 2303 HARBOUR OAKS DRIVE LONGBOAT KEY, FL 34228	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ST. GENIS, JOHN 2301 HARBOUR OAKS DR. LONGBOAT KEY, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD St. Genis, John 2301 Harbour Oaks Dr. Longboat Key, FL 34228 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOOD, ARTHUR HARBOUR OAKS DRIVE LONGBOAT KEY, FL 34228	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Levine, Marion 2358 Harbour Oaks Dr. Longboat Key, FL 34228 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KARSH, CARL HARBOUR OAKS DRIVE LONGBOAT KEY, FL 34228	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Dietrich, James 2335 Harbour Oaks Dr. Longboat Key, FL 34228 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ ☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mueller, Albert 2385 Harbour Oaks Dr. Longboat Key, FL 34228 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ ☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ ☐ Change ☐ 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>Arthur Wood</u> <u>ARTHUR WOOD</u> <u>4/28/04</u> <u>944-387-0942</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					