

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90317 009 ****61.25

DOCUMENT # N17747

1. Entity Name
**SAFE HARBOUR VILLAGE CONDOMINIUM OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**8253 NAVARRE PARKWAY
NAVARRE, FL 32566**

Mailing Address
**1957 HWY 87
NAVARRE, FL 32566 US**

60025211



DO NOT WRITE IN THIS SPACE

03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2885026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANKLIN, MARTHA
1957 HWY 87
NAVARRE, FL 32566**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	JOHN MOORE MELVIN, SAMUEL J
STREET ADDRESS	8253 NAVARRE PKWY B-202 D-204
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VP
NAME	STEVE OSTER CAROTA, TONY
STREET ADDRESS	8253 NAVARRE PKWY B-201 104
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VP TRES
NAME	CAROTA, TONY LAWRENCE, Sherri
STREET ADDRESS	8253 NAVARRE PKWY B-201 D-106
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	TRES Slee
NAME	VOLLAND, CHAD LAUSDON, JAMES
STREET ADDRESS	8253 NAVARRE PKWY B-201 206
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	MEM
NAME	MC ELMURRY, LINDA
STREET ADDRESS	8253 NAVARRE PKWY B-201
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 **850-**
936-0036

Date

Daytime Phone #