

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N20325

1. Entity Name

HARBOURTOWN SHOPPING VILLAGE OF FORT
WALTON BEACH OFFICEOWNERS AND
STOREOWNERS ASSOCIATION, INC.



Principal Place of Business

1697 HIGHWAY 98 WEST
MARY ESTHER, FL 32569

Mailing Address

1697 HIGHWAY 98
FORT WALTON BEACH, FL 32569



02142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2855558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENSTEMACHER, KEITH
1697 HIGHWAY 98 WEST
MARY ESTHER, FL 32569

**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)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000844305
03/12/08-80010-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	FENSTEMACHER, KEITH
STREET ADDRESS	1697 HIGHWAY 98 WEST
CITY-ST-ZIP	FORT WALTON BEACH, FL 32569
TITLE	D
NAME	PAULZAK, GARY
STREET ADDRESS	348 MIRACLE STRIP PARKWAY #39
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

Keith A Fenstemacher 2/25/08 850 582-9666