

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90404 001 ***183.75

DOCUMENT # N29965

1. Entity Name
HARBOUR NORTH PARK ASSOCIATION, INC.



Principal Place of Business
**4581 HARBOUR NORTH COURT
JACKSONVILLE, FL 32225 US**

Mailing Address
**C/O BARRY B. ANSBACHER, P.A.
1301 RIVERPLACE BLVD. #2450
JACKSONVILLE, FL 32207**

66417126



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3033132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANSBACHER & MCKEEL, P.A.
1301 RIVERPLACE BLVD., STE. 2450
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

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

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, 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

TITLE PD
NAME HIBBARD, WILLIAM K
STREET ADDRESS 4636 HARBOUR NORTH COURT
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☒ Delete

TITLE SD
NAME LEE, ROBY
STREET ADDRESS 4581 HARBOUR NORTH COURT
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☒ Delete

TITLE TD
NAME LEE, CARLENE
STREET ADDRESS 4581 HARBOUR NORTH COURT
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RUPERT, HENRY
STREET ADDRESS 1125 LANDS END
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Change ☒ Addition

TITLE SD
NAME O'NEIL, KATHIE
STREET ADDRESS 4510 BEACON DR W
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Change ☒ Addition

TITLE TD
NAME HIBBARD, WILLIAM K
STREET ADDRESS 4636 HARBOUR NORTH CT
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Change ☒ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04

Date

Daytime Phone #