

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N32726

1. Entity Name
HARBOR VIEW VILLAS ASSOCIATION, INC.



Principal Place of Business

**C/O GREGORY D. GRACY
826 BROADWAY
DUNEDIN, FL 34698**

Mailing Address

**C/O GREGORY D. GRACY
826 BROADWAY
DUNEDIN, FL 34698**



02272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2952125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRACY, GREGORY D.
826 BROADWAY
DUNEDIN, FL 34698**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SIMCO, DONNA
2184 LAGOON DR
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BARNHILL, LIA
2236 EDYTHE DRIVE
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ISAACS, HOLLY
2142 HARBOR VIEW DRIVE
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000846537
03/18/08-80032-021 61.25

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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

Date

Daytime Phone #

2/26/08 727-734-9853