

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42119**

(0)

1. Corporation Name

HARBOUR HOMES AT HARBOUR ISLAND NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**424 KNIGHTS RUN AVE
TAMPA FL 33602
US**

Mailing Address

**424 KNIGHTS RUN AVE
TAMPA FL 33602
US**

3. Date Incorporated or Qualified
02/18/1991

3a. Date of Last Report
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3095803

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARK, SUZANNE P
424 KNIGHTS RUN AVENUE
TAMPA FL 33602**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's signature required when instituting change.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **DP** ☐ DELETE

11 TITLE

DT: ☐ Change ☒ Addition

NAME **GRIFFITH, R. R**
STREET ADDRESS **1175 SHIPWATCH CIRCLE**
CITY-ST-ZIP **TAMPA FL**

12 NAME

Jack Peterson
1135 Shipwatch Circle
Tampa, FL 33602

TITLE **DS** ☐ DELETE

21 TITLE

☐ Change ☒ Addition

NAME **FURTADO, DONALD A**
STREET ADDRESS **420 KNIGHTS RUN AVE**
CITY-ST-ZIP **TAMPA FL**

22 NAME

DS
Cathy Coppage
1156 Shipwatch Circle
Tampa, FL 33602

TITLE **VPD** ☒ DELETE

23 TITLE

☐ Change ☐ Addition

NAME **WHITE, ALICE E**
STREET ADDRESS **1154 SHIPWATCH CIRCLE**
CITY-ST-ZIP **TAMPA FL**

31 TITLE

☐ Change ☐ Addition

TITLE **RK DVP** ☐ DELETE

32 NAME

☐ Change ☐ Addition

NAME **HORTON, JOHN**
STREET ADDRESS **1145 SHIPWATCH CIRCLE**
CITY-ST-ZIP **TAMPA FL**

33 STREET ADDRESS

☐ Change ☐ Addition

TITLE **D** ☒ DELETE

34 CITY-ST-ZIP

☐ Change ☐ Addition

NAME **SCHURR, BERNADETTE**
STREET ADDRESS **1124 SHIPWATCH CIRCLE**
CITY-ST-ZIP **TAMPA FL**

41 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

42 NAME

☐ Change ☐ Addition

NAME

43 STREET ADDRESS

☐ Change ☐ Addition

STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

CITY-ST-ZIP

51 TITLE

☐ Change ☐ Addition

CITY-ST-ZIP

52 NAME

☐ Change ☐ Addition

CITY-ST-ZIP

53 STREET ADDRESS

☐ Change ☐ Addition

CITY-ST-ZIP

54 CITY-ST-ZIP

☐ Change ☐ Addition

CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

CITY-ST-ZIP

62 NAME

☐ Change ☐ Addition

CITY-ST-ZIP

63 STREET ADDRESS

☐ Change ☐ Addition

CITY-ST-ZIP

64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)