


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90051 048 \*\*\*\*61.25

<b>DOCUMENT # N42119</b>			
1. Entity Name <b>HARBOUR HOMES AT HARBOUR ISLAND NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>424 KNIGHTS RUN AVE TAMPA FL 33602 US</b>		Mailing Address <b>424 KNIGHTS RUN AVE TAMPA FL 33602 US</b>	
2. Principal Place of Business <b>777 S. HARBOUR ISLAND BLVD</b>		3. Mailing Address <b>777 S. HARBOUR ISLAND BLVD</b>	
Suite, Apt. #, etc. <b>SUITE 270</b>		Suite, Apt. #, etc. <b>SUITE 270</b>	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33602</b>	Country <b>USA</b>	Zip <b>33602</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>CONDOMINIUM ASSOCIATES C/O CALDWELL, CRAIG 3001 EXECUTIVE DR., STE. 260 CLEARWATER FL 33602</b>		7. Name and Address of New Registered Agent <b>CONDOMINIUM ASSOCIATES 777 S. HARBOUR ISLAND BLVD, STE 270 TAMPA, FL 33602 FL</b>	

**24050603**



MOORE CR2E037 (11/03)

4. FEI Number **59-3095803** Applied For ☐ Not Applicable

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

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 *Larry M. Wood*

**PROPERTY MANAGER  
LARRY WOOD, LCAM**

**4-6-04**

**FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JACKIE 1143 SHIPWATCH CIRCLE TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NELSEN, JACKIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOENING, ERIC 905 MIZZENMAST TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COBB, BART 1185 SHIPWATCH CIRCLE TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAUER, JOYCE 1128 SHIPWATCH CR TAMPA FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRETT, STEVE 1083 SHIPWATCH CIRCLE TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOGSDON, JACK 1150 SHIPWATCH CIRCLE TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Secretary/Treasurer* 4/9/04 813-220-2003