

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90360 011 \*\*\*\*61.25

**DOCUMENT # N42119**

1. Entity Name  
**HARBOUR HOMES AT HARBOUR ISLAND  
NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**777 S. HARBOUR ISLAND BLVD., STE 270  
TAMPA, FL 33602 US**

Mailing Address  
**777 S. HARBOUR ISLAND BLVD., STE 270  
TAMPA, FL 33602 US**

**40042766**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3095803**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM ASSOCIATES  
777 S. HARBOUR ISLAND BLVD., STE 270  
CLEARWATER, FL 33602**

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, 2006**

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  
DP  
TIERNEY, JEFFREY  
608 SEABREEZE  
TAMPA, FL 33602 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DS  
NIANTCHER, ANDREY  
1167 SHIPWATCH CIR  
TAMPA, FL 33602 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
NIANTCHEV, ANDREY  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DT  
COBB, BART  
1185 SHIPWATCH CIRCLE  
TAMPA, FL 33602 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DT  
LEOCE, FRANK  
903 MIZZENMAST LANE  
TAMPA, FL 33602 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
LOGSDON, JACK  
1150 SHIPWATCH CIRCLE  
TAMPA, FL 33602 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DP  
NELSON, GREG  
1130 SHIPWATCH CIRCLE  
TAMPA, FL 33602 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
BUCHMAN, IRIS  
1181 SHIPWATCH CIRCLE  
TAMPA, FL 33602 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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 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: *ANDREY NIANTCHEV* **ANDREY NIANTCHEV**

**03/22/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #