

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42679

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** HARBOUR CUT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

280 A LEWIS CIRCLE  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

280 C LEWIS CIRCLE  
PUNTA GORDA, FL 33950 US

**Current Mailing Address:**

280 A LEWIS CIRCLE  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

439 SWANSON COURT  
TWIN LAKES, WI 53128 US

**FEI Number:** 65-0254582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OAKS, DAVID K ESQ  
407 EAST MARION AVENUE, SUITE 101  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

SAYERS, JAMES J  
280 C LEWIS CIRCLE  
PUNTA GORDA, FL 33950 US

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.

SIGNATURE: JAMES J. SAYERS

01/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TPD  
Name: SAYERS, JAMES J  
Address: 439 SWANSON COURT  
City-St-Zip: TWIN LAKES, WI 53181

Title: SVD  
Name: SAYERS, ANN THERESE  
Address: 439 SWANSON COURT  
City-St-Zip: TWIN LAKES, WI 53181

Title: VD  
Name: PFEIFFER, LUCILLE  
Address: 280-C LEWIS CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES J. SAYERS

TPD

01/07/2012

Electronic Signature of Signing Officer or Director

Date