

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90364 012 ****61.25

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|---|--|--|--|---|--|
| DOCUMENT # N47165 1. Entity Name HARBOUR HOUSE TOWNHOMES ASSOCIATION, INC. | | | | | |
| Principal Place of Business 913 HARBOUR HOUSE DR INDIAN ROCKS BEACH, FL 33785 US | | | Mailing Address 913 HARBOUR HOUSE DR INDIAN ROCKS BEACH, FL 33785 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3117266 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TODIA, JOHN 919 HARBOURHOUSE DR. INDIAN ROCKS BEACH, FL 33785 | | | | 7. Name and Address of New Registered Agent 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 <u><i>Steve Anderson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | VPD ANDERSON, STEVE 909 HARBOUR HOUSE DR INDIAN ROCKS BEACH, FL 33785 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Anderson, Steve 909 Harbour House Dr. Indian Rocks Beach, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LOVER, LORNA 917 HARBOUR HOUSE DR INDIAN ROCKS BEACH, FL 33785 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Lee, Richard 918 Harbour House Dr. Indian Rocks Beach, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TODIA, JOHN 919 HARBOURHOUSE DR. INDIAN ROCKS BEACH, FL 33785 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Todia, John 919 Harbour House Dr. Indian Rocks Beach, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LEE, RICHARD 918 HARBOUR HOUSE DR. INDIAN ROCKS BEACH, FL 33785 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Anis-Mohammed, Terry 910 Harbour House Dr. Indian Rocks Beach, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PALMER, TOM 930 HARBOR HOUSE DR INDIAN ROCKS BEACH, FL 33785 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Lover, Lorna 917 Harbor House Dr. Indian Rocks Beach, FL 33785 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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: <u><i>Steve Anderson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |