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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR 13 PM 3:06

DOCUMENT # **N94000001412 (5)**

1. Corporation Name

HARBOURTOWNE AT COUNTRY WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1697 NANTUCKET CT. PALM HARBOR FL	1697 NANTUCKET CT. PALM HARBOR FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report:
4. FEI Number: 65-0530802 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TIRABASSI, E. RALPH
1515 RINGLING BLVD.
SUITE 1000
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

*SIGNATURE _____ DATE
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	President / Director	☒ Change ☐ Addition
NAME	~~DONNELLY, P. JAMES~~	12 NAME	Peter Steele	
STREET ADDRESS	~~130 ALBERT ST., SUITE 1500~~	13 STREET ADDRESS	28 Oriole Road	
CITY-ST-ZIP	~~OTTAWA, ONTARIO, CANADA K1P 5G4~~	14 CITY-ST-ZIP	Toronto, Ontario M4V 2E8	
TITLE	~~STD~~	21 TITLE	Director	☒ Change ☐ Addition
NAME	~~MCBRIDE, ROSS~~	22 NAME	Berel Esrock	
STREET ADDRESS	~~130 ALBERT ST., SUITE 1500~~	23 STREET ADDRESS	104 Lewis Street	
CITY-ST-ZIP	~~OTTAWA, ONTARIO, CANADA K1P 5G4~~	24 CITY-ST-ZIP	Ottawa, Ontario K2P 0S7	
TITLE	~~VD~~	31 TITLE	Director	☒ Change ☐ Addition
NAME	~~VAUGHAN, CRAIG A~~	32 NAME	Roy Seeley	
STREET ADDRESS	~~130 ALBERT ST., SUITE 1500~~	33 STREET ADDRESS	39 Coolspring Crescent	
CITY-ST-ZIP	~~OTTAWA, ONTARIO, CANADA K1P 5G4~~	34 CITY-ST-ZIP	Nepean, Ontario K2E 7M9	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 supplemental 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: P.C. STEELE, PRESIDENT 22 MAR 95 416-499-0090 X245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000171