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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000001412**

1. Corporation Name

Harbourtowne At Country Woods Condominium Association, Inc.

Principal Place of Business

Mailing Address

1697 Nantucket Court
Palm Harbor, FL 34683

← same →

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 552 Main Street		26 1697 Nantucket Court		3 3/22/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0530802	
22 State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Safety Harbor, FL		28 Palm Harbor, FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 34695		29 Pinellas		30 Pinellas	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert Tawke
2651 McCormick Drive
Clearwater, FL 34619

81 Name **Steven H. Mezer, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable)
1212 Court Street Suite B
 83
 84 City **Clearwater** FL 85 Zip Code **33756**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☒ DELETE
NAME	Courville, Richard	
STREET ADDRESS	1467 Hunters Rd.	
CITY-ST-ZIP	Orleans, Ontario, CA	
TITLE	Steele, Peter	☒ DELETE
NAME	255 Consumers Rd.	
STREET ADDRESS	North York, Ont	
CITY-ST-ZIP	M2J5B6	
TITLE	Marcoux Francois	☒ DELETE
NAME	P.O. Box 1436 N/A	
STREET ADDRESS	St. Jovite Quebec, CA	
CITY-ST-ZIP	St. Jovite Quebec, CA	
TITLE	Racicot, Pierre	☒ DELETE
NAME	1009 Driftwood Crescent	
STREET ADDRESS	Orleans, Ontario, CA	
CITY-ST-ZIP	Orleans, Ontario, CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	FRANCOIS MARCOUX	
1.3 STREET ADDRESS	P.O. Box 1436	
1.4 CITY-ST-ZIP	St. Jovite, Quebec, CA	
2.1 TITLE	Vice Pres.	☒ Change ☐ Addition
2.2 NAME	Anthony Guzzo	
2.3 STREET ADDRESS	1125 Cure De Ross	
2.4 CITY-ST-ZIP	Lasalle, PQ H8N-2M3	
3.1 TITLE	Secretary	☒ Change ☐ Addition
3.2 NAME	Thomas Hartman	
3.3 STREET ADDRESS	1684 Hampton Lane	
3.4 CITY-ST-ZIP	Palm Harbor FL 34683	
4.1 TITLE	Treasurer	☒ Change ☐ Addition
4.2 NAME	Christopher McManama	
4.3 STREET ADDRESS	1758 Hampton Lane	
4.4 CITY-ST-ZIP	Palm Harbor FL 34683	
5.1 TITLE	Director	☒ Change ☐ Addition
5.2 NAME	Roger Roberge	
5.3 STREET ADDRESS	2028 Beaver Hill Dr.	
5.4 CITY-ST-ZIP	Gloucester, ON K1J-6P1	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

Thomas C. Hartman, Sec.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99

Date

927-736-8372

Daytime Phone #

Thomas C. Hartman, Sec.

CR2E037 (1/98)