

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90059 024 ****61.25

DOCUMENT # N94000001412	
1. Entity Name HARBOURTOWNE AT COUNTRY WOODS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1697 NANTUCKET CT PALM HARBOR, FL 34683	Mailing Address 1697 NANTUCKET COURT PALM HARBOR, FL 34683 US
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94012527

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01312004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0530802	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MEZER, STEVEN H P.A. 1212 COURT STREET SUITE B CLEARWATER, FL 33756	

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

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, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD URBANIK, STAN 1217 N. FORT HARRISON AVE. BLDG. D CLEARWATER, FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VEURINK, ROBERT 1217 N. FORT HARRISON AVE. BLDG. D CLEARWATER, FL 33755 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAMARA, CHRISTOPHER 1697 NANTUCKET CT PALM HARBOR, FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIERKING, O. R. 117 NORTH STREET ATCHISON, KS 66002 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, WILLIAM 1008 15TH AVE S SAINT CLOUD, MN 56301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUZZO, ANTONIO 1125 CURE DE ROSSI LASALLE, QUEBEC, CANADA H8N 2M3

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #