

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90071 009 \*\*\*\*70.00

**DOCUMENT # N94000005160**

1. Entity Name

**HARBOR ROAD NORTH, JUPITER HEIGHTS DOCK  
OWNERS ASSOCIATION, INC.**



Principal Place of Business

**3492 HARBOR RD NORTH  
JUPITER FL 33469  
US**

Mailing Address

**3492 HARBOR ROAD NORTH  
JUPITER FL 33469**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**YES**

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEO, PETER H  
3492 HARBOR ROAD NORTH  
JUPITER FL 33469**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **LEO, PETER H**  
STREET ADDRESS **3492 HARBOR ROAD NORTH**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **D** ☒ Delete  
NAME **TOMC, JAMES**  
STREET ADDRESS **3486 HARBOR ROAD NORTH**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **D** ☒ Delete  
NAME **LEO, JULIA E**  
STREET ADDRESS **3492 HARBOR RD. NORTH**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☒ Addition  
NAME **Settles, Connie**  
STREET ADDRESS **3486 Harbor Road North**  
CITY-ST-ZIP **Jupiter, FL 33469**

TITLE **D** ☒ Change ☒ Addition  
NAME **Chance, Daniel**  
STREET ADDRESS **3502 Harbor Road North.**  
CITY-ST-ZIP **Jupiter, FL 33469**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Peter Howard Leo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/05** **801 0998**  
**561 747 3688**  
Date Daytime Phone #