

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90272 014 \*\*\*\*61.25

**DOCUMENT # N95000001285**

1. Entity Name

PLACIDA HARBOUR, SECTION IX CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

11000 PLACIDA ROAD  
PLACIDA FL 33946

Mailing Address

3285-A PLACIDA ROAD  
PELICAN PLAZA  
ENGLEWOOD FL 34224  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0569844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUHT, WILLIAM O JR  
HARBORSIDE PROPERTY MANAGEMENT INC  
3285-A PLACIDA RD. - PELICAN PLAZA  
ENGLEWOOD FL 34224

*already changed  
see attachment*

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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: STD  
NAME: OCKER, DONALD ☐ Delete  
STREET ADDRESS: 32 CUTTING CROSS WAY  
CITY-ST-ZIP: WAYLAND MA 01778

TITLE: PD  
NAME: HAKE, AL ☐ Delete  
STREET ADDRESS: 11000 PLACIDA ROAD, 801  
CITY-ST-ZIP: PLACIDA FL 33946

TITLE: VP  
NAME: DEHNER, GERALD ☐ Delete  
STREET ADDRESS: 11000 PLACIDA ROAD, 901  
CITY-ST-ZIP: PLACIDA FL 33946

TITLE: D  
NAME: SARGEANT, JOYS ☐ Delete  
STREET ADDRESS: 11000 PLACIDA ROAD, 902  
CITY-ST-ZIP: PLACIDA FL 33946

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP: ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Adhako*

3/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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