

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000160

FILED  
May 03, 2008  
Secretary of State

**Entity Name:** HARBOUR SPRINGS VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

132 NADIA MICHELLE CT S  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

132 NADIA MICHELLE CT S  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number:** 59-3361525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOWEN, THOMAS  
132 NADIA MICHELLE CT S  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BOWEN, THOMAS  
Address: 132 NADIA MICHELLE CT S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DST ( ) Delete  
Name: DELUCIA, BARBARA  
Address: 187 NADIA MICHELLE CT S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV ( ) Delete  
Name: VERTREES, CHRISTINE  
Address: 120 NADIA MICHELLE CT S  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: DELUCIA, BARBARA  
Address: 187 NADIA MICHELLE CT S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV (X) Change ( ) Addition  
Name: MURPHY, BEVERLY  
Address: 194 NADIA MICHELLE CT S  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. BOWEN

DP

05/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date