

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N96000000161

1. Entity Name
HARBOUR SPRINGS OWNERS ASSOCIATION, INC.



Principal Place of Business

**ONE SAN JOSE PL
34
JACKSONVILLE, FL 32257**

Mailing Address

**P.O. BOX 57911
JACKSONVILLE, FL 32241**



03192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3361523

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARR, LAUREN
ONE SAN JOSE PL
34
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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

Lauren Carr

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

(NOTE: Registered Agent signature required when reinstating)

3/19/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TIPPS, DAVID
STREET ADDRESS 276 MELISSA RAY DR
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VPD
NAME COSMATO, JOHN
STREET ADDRESS 298 SUMMER SPRINGS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE STD
NAME STIDHAM, PATRICK
STREET ADDRESS 290 SUMMER SPRINGS CT.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/24/07-80126-014 61.25

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IN THIS SPACE**

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

Lauren Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lauren Carr, Mgr.

3/19/07

Date

904-260-9183

Daytime Phone #