

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004523

FILED
Apr 03, 2008
Secretary of State

Entity Name: HARBOUR LINKS CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14364 HARBOUR LINKS CT
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15751 SAN CARLOS BLVD #8
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 59-3507656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DG SUITOR AND ASSOCIATES
15751 SAN CARLOS BLVD #8
FORT MYERS, FL 33908 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: T () Delete
Name: GEIGER, MARYELLEN
Address: 14335-20C HARBOUR LINKS CT
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: SHEAP, ROBERT
Address: 14314-11B HARBOUR LINKS CT
City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete
Name: EMRICH, JANET
Address: 14350-4A HARBOUR LINKS CT
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: SMITH, ROBERT
Address: 14315-16C HARBOUR LINKS CT
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: MOCERI, WILLIAM
Address: 14321-17B HARBOUR LINKS CT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: PECKO, CARL
Address: 717 GALLANT FOX LANE
City-St-Zip: UNION, KY 41091

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: C.R. MIDDLETON

MGR

04/03/2008

Electronic Signature of Signing Officer or Director

Date