

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90017 006 ****61.25

DOCUMENT # N97000006243

1. Entity Name
HARBOR SOUND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**601 SW 5TH AVE FLL
FORT LAUDERDALE, FL 33315 US**

Mailing Address
**601 SW 5TH AVE FLL
FORT LAUDERDALE, FL 33315 US**

**2433 NE 8TH ST
Fort Lauderdale 33304**

W1011010



05242004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0806573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, VALERIE
~~605 S.W. 3TH AVE~~ **2433 N.E. 8TH ST**
~~FORT LAUDERDALE, FL 33315~~
33304

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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: Valerie Shea May 24, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POD ROGERS, ALEXANDER 601 SW 5TH AVE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOD DELAMETER, MAUREEN 603 SW 5TH AVE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEA, VALERIE 2433 NE 8TH ST 605 SW 5TH AVE Fort. lauder- FORT LAUDERDALE, FL 33315 dale, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BRIAN 607 SW 5TH AVENUE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Valerie Shea May 24, 04 954-527-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #