

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002991

FILED
Mar 24, 2006
Secretary of State

Entity Name: HARBOR TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3525270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: MCCARTAN, MIKE
Address: 2090 MATECUMBE KEY RD # 1506
City-St-Zip: PUNTA GORDA, FL 33955

Title: VPD () Delete
Name: KONSTANS, CONSTANTINE
Address: PO BOX 527
City-St-Zip: ST CHARLES, IL 60174

Title: SD () Delete
Name: HARRIGAN, BILL
Address: 2060 MATECUMBE KEY RD #2206
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: WIGGERMAN, ROGER
Address: 2060 MATECUMBE KEY RD #2301
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: MENNELLA, VINNY
Address: 2060 MATECUMBE KEY RD #2505
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EBEL, GRAHAM
Address: 2090 MATECUMBE KEY RD # 1305
City-St-Zip: PUNTA GORDA, FL 33955

Title: VPD (X) Change () Addition
Name: WOOD, BOB
Address: 1200 ROMANO KEY
City-St-Zip: PUNTA GORDA, FL 33955

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

Title: TD (X) Change () Addition
Name: BERGMAN, MARVIN
Address: 2090 MATECUMBE KEY RD #1401
City-St-Zip: PUNTA GORDA, FL 33955

Title: D (X) Change () Addition
Name: SAGE, MICHAEL
Address: 3131 WOODSIDE DR
City-St-Zip: FAIRFIELD, OH 45014

I hereby certify that the information supplied with this filing does not qualify for the 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: GRAHAM EBEL

PD

03/24/2006

Electronic Signature of Signing Officer or Director

_____ Date