

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002991

FILED  
Mar 28, 2007  
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: EBEL, GRAHAM  
Address: 2090 MATECUMBE KEY RD # 1305  
City-St-Zip: PUNTA GORDA, FL 33955

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

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

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

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

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

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

03/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date