


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90192 032 ****70.00

DOCUMENT # N98000006058 1. Entity Name VILLAS AT HARBOUR VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 14578 RIVER BEACH DRIVE PORT CHARLOTTE, FL 33953			Mailing Address PO BOX 446 OSPREY, FL 34229		
2. Principal Place of Business		3. Mailing Address 14578 River Beach Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 511			
City & State		City & State Pt CHARLOTTE FL		4. FEI Number NOT APPLICABLE	
Zip		Zip 33953		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARTELL, ROBERT 14578 RIVER BEACH DRIVE #505 PORT CHARLOTTE, FL 33953			7. Name and Address of New Registered Agent Name Joette Maynard Street Address (P.O. Box Number is Not Acceptable) 14578 RIVER BEACH DR # 511 City PT CHARLOTTE FL Zip Code 33953		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTELL, ROBERT J <input checked="" type="checkbox"/> Delete 14578 RIVER BEACH DRIVE PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JARVIS, RONALD <input type="checkbox"/> Delete 14578 RIVER BEACH DRIVE PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RONALD JARVIS 14578 RIVER BEACH DR #501 Pt. CHARLOTTE FL 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ALAN <input type="checkbox"/> Delete 14578 RIVER BCH DRIVE PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALAN COOK 14578 RIVER BEACH DR #510 Pt CHARLOTTE FL. 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOETTE MAYNARD 14578 RIVER BEACH DR #511 PT CHARLOTTE FL 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/18/06 Daytime Phone # (941) 455-0271		