

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 050 ****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 14578 RIVER BEACH DR 511 PORT CHARLOTTE, FL 33953
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40104801



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03302008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAYNARD, JOETTE 14578 RIVER BEACH DR #511 PORT CHARLOTTE, FL 33953		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JARVIS, RONALD 14578 RIVER BEACH DR #501 PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, ALAN 14578 RIVER BEACH DR #510 PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MAYNARD, JOETTE 14578 RIVER BEACH DR #511 PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: _____	JOETTE MAYNARD	941 457 0271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT

May 21, 2008

40104801

Florida Department of State

Division of Corporations

PO Box 6478

Tallahassee, FL 32314

Dear Representative,

Please find enclosed Annual Reports for the following corporations

RAM Development LLC

Document # L05000080228

Villas ay Harbour Village Property Owners Document # N98000006058

I have enclosed checks for the May filing fee. I am asking that you please extend consideration and accept the initial filing fee and waive any late fees. I have been very ill and had to undergo many medical tests prior to diagnosing my illness that required time off work and a hospital visit. I apologize for the oversight.

I have always filed the Annual Reports timely in the past and will ensure that they are filed on time in the future.

I appreciate your kindness and consideration.

Sincerely,



Joette Maynard

Secretary/Treasurer