

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006058

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** VILLAS AT HARBOUR VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

14578 RIVER BEACH DRIVE  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

4410 WARREN AVE  
511  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

14578 RIVER BEACH DR  
511  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

4410 WARREN AVE  
511  
PORT CHARLOTTE, FL 33953

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MAYNARD, JOETTE  
14578 RIVER BEACH DR #511  
PORT CHARLOTTE, FL 33953      US

**Name and Address of New Registered Agent:**

MAYNARD, JOETTE  
4410 WARREN AVE  
511  
PORT CHARLOTTE, FL 33953      US

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

04/27/2009

Date

**OFFICERS AND DIRECTORS:**

Title:            VD            ( ) Delete  
Name:           JARVIS, RONALD  
Address:        14578 RIVER BEACH DR #501  
City-St-Zip:    PORT CHARLOTTE, FL 33953

Title:            PD            ( ) Delete  
Name:           COOK, ALAN  
Address:        14578 RIVER BEACH DR #510  
City-St-Zip:    PORT CHARLOTTE, FL 33953

Title:            TSD            ( ) Delete  
Name:           MAYNARD, JOETTE  
Address:        14578 RIVER BEACH DR #511  
City-St-Zip:    PORT CHARLOTTE, FL 33953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            VD            (X) Change ( ) Addition  
Name:           JARVIS, RONALD  
Address:        4410 WARREN AVE #501  
City-St-Zip:    PORT CHARLOTTE, FL 33953

Title:            PD            (X) Change ( ) Addition  
Name:           BOAZ, ALANJIM  
Address:        4410 WARREN AVE #504  
City-St-Zip:    PORT CHARLOTTE, FL 33953

Title:            TSD            (X) Change ( ) Addition  
Name:           MAYNARD, JOETTE  
Address:        4410 WARREN AVE #511  
City-St-Zip:    PORT CHARLOTTE, FL 33953

I hereby certify that the information supplied with this filing does not qualify 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: JOETTE MAYNARD

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04/27/2009

Electronic Signature of Signing Officer or Director

Date