

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006058

FILED  
Apr 22, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4410 WARREN AVE  
511  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

4410 WARREN AVE  
511  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

**FEI Number:** 27-2015764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAYNARD, JOETTE  
4410 WARREN AVE  
511  
PORT CHARLOTTE, FL 33953 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: VD  
Name: JARVIS, RONALD  
Address: 4410 WARREN AVE #501  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: PD  
Name: BOAZ, JIM  
Address: 4410 WARREN AVE #504  
City-St-Zip: PORT CHARLOTTE, FL 33953

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

I hereby 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 all other like empowered.

SIGNATURE: JOETTE MAYNARD

TDS

04/22/2011

Electronic Signature of Signing Officer or Director

Date