
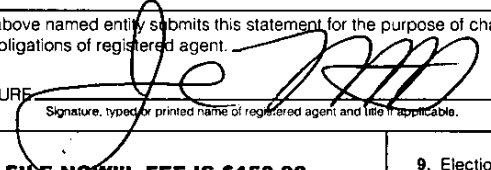
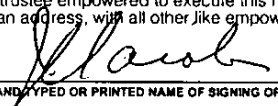


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90183 009 ***150.00

DOCUMENT # P99000052897					
1. Entity Name HARBOUR RIDGE PROPERTY OWNERS' ASSOCIATION REALTY, INC.					
Principal Place of Business 12600 HARBOUR RIDGE BLVD PALM CITY, FL 34990			Mailing Address 12600 HARBOUR RIDGE BLVD PALM CITY, FL 34990		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0928152	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEARY, MICHAEL E 12600 HARBOUR RIDGE BLVD PALM CITY, FL 34990			Jane L. Cornett Cornett, Gooze & Associates, P.A. 401 East Osceola Street Post Office Box 66 Stuart, FL 34995-0066		
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:  4-18-06					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE STD	NAME CAIOLA, JAMES C	<input type="checkbox"/> Delete	TITLE D	NAME Loewenberg, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1507 LANCEWOOD TERRACE	PALM CITY, FL 34990		STREET ADDRESS 12777 MARINER CT.	PALM CITY, FL 34990	
CITY-ST-ZIP PALM CITY, FL 34990			CITY-ST-ZIP PALM CITY, FL 34990		
TITLE D	NAME HURD, JANET	<input checked="" type="checkbox"/> Delete	TITLE D	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13300 MAPLEWOOD ROAD	PALM CITY, FL 34990		STREET ADDRESS 	PALM CITY, FL 34990	
CITY-ST-ZIP PALM CITY, FL 34990			CITY-ST-ZIP 		
TITLE D	NAME POTTER, ALAN L	<input checked="" type="checkbox"/> Delete	TITLE D	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 804 WINTERS CREEK RD.	PALM CITY, FL 34990		STREET ADDRESS 	PALM CITY, FL 34990	
CITY-ST-ZIP PALM CITY, FL 34990			CITY-ST-ZIP 		
TITLE PD	NAME MOORE, NANCY C	<input type="checkbox"/> Delete	TITLE D	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3552 SW BIMINI CR, NORTH	PALM CITY, FL 34990		STREET ADDRESS 	PALM CITY, FL 34990	
CITY-ST-ZIP PALM CITY, FL 34990			CITY-ST-ZIP 		
TITLE D	NAME THOMPSON, BJORN	<input checked="" type="checkbox"/> Delete	TITLE D	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 613 N.W. SWEETBAY CIRCLE	PALM CITY, FL 34990		STREET ADDRESS 	PALM CITY, FL 34990	
CITY-ST-ZIP PALM CITY, FL 34990			CITY-ST-ZIP 		
TITLE D	NAME WEISSMAN, ROBERT J	<input checked="" type="checkbox"/> Delete	TITLE D	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 504 WINYTERS CREEK RD	PALM CITY, FL 34990		STREET ADDRESS 	PALM CITY, FL 34990	
CITY-ST-ZIP PALM CITY, FL 34990			CITY-ST-ZIP 		
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 607, 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: 			3/14/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40054566



02132006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0928152

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEARY, MICHAEL E
12600 HARBOUR RIDGE BLVD
PALM CITY, FL 34990

Jane L. Cornett
Cornett, Gooze & Associates, P.A.
401 East Osceola Street
Post Office Box 66
Stuart, FL 34995-0066

Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
STD
NAME
CAIOLA, JAMES C
STREET ADDRESS
1507 LANCEWOOD TERRACE
CITY-ST-ZIP
PALM CITY, FL 34990

☐ Delete

TITLE
D
NAME
Loewenberg, John
STREET ADDRESS
12777 MARINER CT.
CITY-ST-ZIP
PALM CITY, FL 34990

☐ Change ☒ Addition

TITLE
D
NAME
HURD, JANET
STREET ADDRESS
13300 MAPLEWOOD ROAD
CITY-ST-ZIP
PALM CITY, FL 34990

☒ Delete

TITLE
D
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
D
NAME
POTTER, ALAN L
STREET ADDRESS
804 WINTERS CREEK RD.
CITY-ST-ZIP
PALM CITY, FL 34990

☒ Delete

TITLE
D
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
PD
NAME
MOORE, NANCY C
STREET ADDRESS
3552 SW BIMINI CR, NORTH
CITY-ST-ZIP
PALM CITY, FL 34990

☐ Delete

TITLE
D
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
D
NAME
THOMPSON, BJORN
STREET ADDRESS
613 N.W. SWEETBAY CIRCLE
CITY-ST-ZIP
PALM CITY, FL 34990

☒ Delete

TITLE
D
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
D
NAME
WEISSMAN, ROBERT J
STREET ADDRESS
504 WINYTERS CREEK RD
CITY-ST-ZIP
PALM CITY, FL 34990

☒ Delete

TITLE
D
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #