

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90080 012 ***150.00

DOCUMENT # V08660

1. Entity Name

HARBOR TOWERS PROPERTIES, INC.



Principal Place of Business

5855 MIDNIGHT PASS RD
SARASOTA FL 34242

Mailing Address

5855 MIDNIGHT PASS RD
SARASOTA FL 34242

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

65-0307540

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

SMITH, MARGARET
5855 MIDNIGHT PASS RD
SARASOTA FL 34242

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LANE, ROBERT	
STREET ADDRESS	5855 MIDNIGHT PASS RD, #715	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREINER, RONALD	
STREET ADDRESS	5855 MIDNIGHT PASS #407	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASSADY, JAMES	
STREET ADDRESS	5855 MIDNIGHT PASS RD. #108	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRUMBULL, JOHN	
STREET ADDRESS	5855 MIDNIGHT PASS RD, #708	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARLING, PHYLISS	
STREET ADDRESS	5855 MIDNIGHT PASS #325	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLUSARZ, ROBERT	
STREET ADDRESS	4637 KINGSTON LOOP	
CITY-ST-ZIP	SARASOTA FL 34238	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, JOHN	
STREET ADDRESS	5855 MIDNIGHT PASS #315	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEAGRAM, JAMES	
STREET ADDRESS	5855 MIDNIGHT PASS #217	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWINS, CHARLES	
STREET ADDRESS	5855 MIDNIGHT PASS #207	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBLUM, STEVEN	
STREET ADDRESS	5855 MIDNIGHT PASS #733	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Margaret Smith* MARGARET SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 941-349-7600

Date

Daytime Phone #