

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 743389

**Entity Name:** FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Aug 16, 2024**  
**Secretary of State**  
**5407025472CC**

**Current Principal Place of Business:**

C/O PRECEDENT HOSPITALITY  
6216 WHISKEY CREEK DRIVE SUITE A  
FORT MYERS, FL 33919

**Current Mailing Address:**

C/O PRECEDENT HOSPITALITY  
6216 WHISKEY CREEK DRIVE SUITE A  
FORT MYERS, FL 33919 US

**FEI Number: 59-1115810**

**Certificate of Status Desired: No**

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

PRECEDENT HOSPITALITY  
C/O PRECEDENT HOSPITALITY  
6216 WHISKEY CREEK DRIVE SUITE A  
FORT MYERS, FL 33919 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: PRECEDENT HOSPITALITY**

**08/16/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MARKET, JENNIFER  
Address        C/O PRECEDENT HOSPITALITY  
                  6216 WHISKEY CREEK DRIVE SUITE A

City-State-Zip: FORT MYERS FL 33919

Title            VP  
Name            RUNKEL, J.R.  
Address        C/O PRECEDENT HOSPITALITY  
                  6216 WHISKEY CREEK DRIVE SUITE A

City-State-Zip: FORT MYERS FL 33919

Title            TREASURER  
Name            PAYNE, PENNY  
Address        C/O PRECEDENT HOSPITALITY  
                  6216 WHISKEY CREEK DRIVE SUITE A

City-State-Zip: FORT MYERS FL 33919

Title            DIRECTOR  
Name            CAMPPELL, RON  
Address        C/O PRECEDENT HOSPITALITY  
                  6216 WHISKEY CREEK DRIVE SUITE A

City-State-Zip: FORT MYERS FL 33919

Title            SECRETARY  
Name            RIGNALL, JAMES  
Address        C/O PRECEDENT HOSPITALITY  
                  6216 WHISKEY CREEK DRIVE SUITE A

City-State-Zip: FORT MYERS FL 33919

*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: JENNIFER MARKET**

**PRESIDENT**

**08/16/2024**

