

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 761330

**Entity Name:** HARBOUR VILLA TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

135 KRISTI DR  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

P.O. BOX 372033  
SATELLITE BEACH, FL 32937 US

**FEI Number:** 59-2159859

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
111 N. ORANGE AVE.  
SUITE 1400  
ORLANDO, FL 32801 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

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name TUNSTALL, JOANN  
Address P.O. BOX 372033  
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR  
Name LEVITT, WILLIAM "BILL"  
Address P.O. BOX 372033  
City-State-Zip: SATELLITE BEACH FL 32937

Title SECRETARY  
Name LUDWIG, DONNA MCLEAR  
Address P.O. BOX 372033  
City-State-Zip: SATELLITE BEACH FL 32937

Title PRESIDENT  
Name COX, ANNA  
Address P.O. BOX 372033  
City-State-Zip: SATELLITE BEACH FL 32937

Title TREASURER  
Name LUDINGTON, PATRICIA "PATTY"  
Address P.O. BOX 372033  
City-State-Zip: SATELLITE BEACH FL 32937

*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:** ANNA COX

**PRESIDENT**

**07/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date