

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005677

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC5547319333**

**Entity Name:** ENGLEWOOD HARBOURVIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1410 BEACH ROAD  
UNIT 202  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

1410 BEACH ROAD  
UNIT 202  
ENGLEWOOD, FL 34223

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CLEMENS, SHARON SHAY  
1410 BEACH ROAD  
UNIT 202  
ENGLEWOOD, FL 34223 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 P  
Name HARRIS, ROGER  
Address 1410 BEACH RD, UNIT 301  
City-State-Zip: ENGLEWOOD FL 34223

Title S  
Name FLOREY NELSON, CAROL  
Address 1420 BEACH RD., UNIT 202  
City-State-Zip: ENGLEWOOD FL 34223

Title D  
Name CLEMENS, SHARON SHAY  
Address 1410 BEACH RD., UNIT 202  
City-State-Zip: ENGLEWOOD FL 34223

Title T  
Name EPRIGHT, ELIZABETH  
Address 33 BOULDER POINT ROAD  
City-State-Zip: LAKEVILLE PA 18438

Title D  
Name LEACH, JUDY  
Address 35 PINEWILD DRIVE  
City-State-Zip: PINEHURST NC 28374

*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: SHARON SHAY CLEMENS**

**DIRECTOR**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date