

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03567

Entity Name: HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**615 DREAM ISLAND RD
LONGBOAT KEY, FL 34228-1520**Current Mailing Address:**615 DREAM ISLAND RD
LONGBOAT KEY, FL 34228-1520**FEI Number:** 65-0047145**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELLER, RICHARD
1408 8TH AVENUE WEST
BRADENTON, FL 34205 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 TIERNEY, THOMAS
Address 615 DREAM ISLAND RD
303
City-State-Zip: LONGBOAT KEY FL 34228

Title VP
Name BAKER, LARRY
Address PO BOX 283
City-State-Zip: MINOCQUA MN 54548

Title ST
Name STYLES, GEOFF
Address 1 CHEDINGTON PLACE
STE 8-D
City-State-Zip: TONRONTON ONTARIO M4N3R4

Title DIRECTOR
Name GOWAN, DOUGLAS
Address 615 DREAM ISLAND RD
City-State-Zip: LONGBOAT KEY FL 34228-1520

Title PRESIDENT
Name DIMLER, CHARLES
Address 7203 KIOWA CIRCLE
City-State-Zip: CHANASSEN MN 55317

Title D
Name WEBSTER, MARY LOU
Address 615 DREAM ISLAND ROAD
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR
Name MINK, TOM
Address 4 HUME CT
City-State-Zip: BALTIMORE MD 21214

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: CHARLES DIMLER**PRESIDENT****01/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date