

2014 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	WOELFLING, ROBERT
Address	118 ELM AVENUE
City-State-Zip:	HERSHEY PA 17033

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

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

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

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

Title	DIRECTOR
Name	DUJARDIN, DAVID
Address	513 EAST DAVIES LOOP ROAD
City-State-Zip:	LAKE STEVENS WA 98258

Title	DIRECTOR
Name	THOMPSON, PATRICK
Address	19805 NINA STREET
City-State-Zip:	OMAHA NE 68130

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****02/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date