

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008250

**Entity Name:** HARBOUR HOUSE AT THE INN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC6728347468**

**Current Principal Place of Business:**

450 OLD SAN CARLOS BLVD  
FORT MYERS BEACH, FL 33931

**Current Mailing Address:**

450 OLD SAN CARLOS BLVD  
FORT MYERS BEACH, FL 33931

**FEI Number: 26-3015257**

**Certificate of Status Desired: Yes**

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

SALVATORI & WOOD, P.L.  
4001 TAMIAMI TRAIL NORTH  
SUITE 330  
NAPLES, FL 34103 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 SPEIRN-SMITH, DOUGLAS  
Address 450 OLD SAN CARLOS BLVD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title DIRECTOR  
Name JAMIESON, JOE  
Address 450 OLD SAN CARLOS BLVD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title DIRECTOR  
Name HELMS, KENNETH  
Address 450 OLD SAN CARLOS BLVD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title DIRECTOR  
Name FRASCHETTI, EDWARD J  
Address 450 OLD SAN CARLOS BLVD  
City-State-Zip: FORT MYERS BEACH FL 33931

*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: DOUGLAS SPEIRN-SMITH**

**DIRECTOR**

**02/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date