# 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N28516

Entity Name: HARBOUR LINKS CONDOMINIUM ASSOCIATION, INC.

FILED
May 03, 2023
Secretary of State
3913593525CC

#### **Current Principal Place of Business:**

595 BAY ISLES RD

**STE 225** 

LONGBOAT KEY, FL 34228

### **Current Mailing Address:**

PO BOX 8158

LONGBOAT KEY, FL 34228 US

FEI Number: 65-0194182 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NOVAK, DAVID 595 BAY ISLES RD STE 225

LONGBOAT KEY, FL 34228 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: DAVID NOVAK 05/03/2023

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title DIRECTOR Title SECRETARY

Name KEENAN, PHYLLIS Name CAMPBELL, SANDRA

Address PO BOX 8158 Address PO BOX 8158

City-State-Zip: LONGBOAT KEY FL 34228 City-State-Zip: LONGBOAT KEY FL 34228

TitleASST. TREASURERTitleASST. SECRETARYNameCHEW, EDMUNDNameNOVAK, DAVIDAddressPO BOX 8158AddressPO BOX 8158

City-State-Zip: LONGBOAT KEY FL 34228 City-State-Zip: LONGBOAT KEY FL 34228

TitlePRESIDENTTitleTREASURERNameBARE, CHRISTYNameDONAHUE, SUZYAddressP.O.BOX 8158AddressP.O. BOX 8158

City-State-Zip: LONGBOAT KEY FL 34228 City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR Title VP

NameGLICKMAN, ANNNameARNOVITZ, ELIOTAddressP.O.BOX 8158AddressP.O. BOX 8158

City-State-Zip: LONGBOAT KEY FL 34228

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: DAVID NOVAK CAM 05/03/2023