

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90011 046 \*\*\*\*61.25

**DOCUMENT # N03567**  
 1. Entity Name  
**HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**615 DREAM ISLAND RD  
 LONGBOAT KEY, FL 34228-1520**

Mailing Address  
**615 DREAM ISLAND RD  
 LONGBOAT KEY, FL 34228-1520**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**40010645**



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0047145**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PFLUGNER, GEOFFREY  
 1 CARD MERRILL ET AL  
 2033 MAIN ST, STE. 101  
 SARASOTA, FL 34237**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Geoffrey Pflugner* *Geoffrey Pflugner* *1/9/06*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when forgoing) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **VP**  Delete  
 NAME **BAKER, LARRY**  
 STREET ADDRESS **PO BOX 283**  
 CITY-ST-ZIP **MINOCQUA, WI 54548**

TITLE **President**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GOWAN, WILLIAM**  
 STREET ADDRESS **2198 HERITAGE AVE**  
 CITY-ST-ZIP **OKEMOS, MI 48864**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ARNOT, BOWIE**  
 STREET ADDRESS **THORTON WOOD 4 HUME COURT**  
 CITY-ST-ZIP **BALTIMORE, MD 212041819**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **DUJARDIN, DAVID**  
 STREET ADDRESS **615 DREAM ISLAND ROAD**  
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **Vice President**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WEBSTER, MARY LOU**  
 STREET ADDRESS **615 DREAM ISLAND ROAD**  
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **STYLES, R. P. G.**  
 STREET ADDRESS **8 YORKRIDGE ROAD WILLOWDALE**  
 CITY-ST-ZIP **TORONTO, ONTARIO, M291R**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry Baker Pres.* *1-9-06*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #