

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03567

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

615 DREAM ISLAND RD  
LONGBOAT KEY, FL 342281520

**New Principal Place of Business:**

**Current Mailing Address:**

615 DREAM ISLAND RD  
LONGBOAT KEY, FL 342281520

**New Mailing Address:**

FEI Number: 65-0047145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PFLUGNER, GEOFFREY  
1 CARD MERRILL ET AL  
2033 MAIN ST, STE. 101  
SARASOTA, FL 34237 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BAKER, LARRY  
Address: PO BOX 283  
City-St-Zip: MINOCQUA, WI 54548

Title: D ( ) Delete  
Name: GOWAN, WILLIAM  
Address: 2198 HERITAGE AVE  
City-St-Zip: OKEMOS, MI 48864

Title: D ( ) Delete  
Name: ARNOT, BOWIE  
Address: THORTON WOOD 4 HUME COURT  
City-St-Zip: BALTIMORE, MD 212041819

Title: VP ( ) Delete  
Name: DUJARDIN, DAVID  
Address: 615 DREAM ISLAND ROAD  
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: ST ( ) Delete  
Name: STYLES, R. P. G.,  
Address: 8 YORKRIDGE ROAD WILLOWDALE  
City-St-Zip: TORONTO, ONTARIO, M291R

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WOELFLING, BOB  
Address: 615 DREAM ISLAND ROAD  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: STYLES, GEOFF  
Address: 8 YORKRIDGE ROAD WILLOWDALE  
City-St-Zip: TORONTO, ONTARIO, CA M291R

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY BAKER

P

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date