

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03567

**Entity Name:** HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 08, 2019**  
**Secretary of State**  
**4289707154CC**

**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           TIERNEY, THOMAS  
Address        615 DREAM ISLAND RD  
                  303  
City-State-Zip: LONGBOAT KEY FL 34228

Title           PRESIDENT  
Name           WEBSTER, MARY LOU  
Address        615 DREAM ISLAND RD #108  
City-State-Zip: LONGBOAT KEY FL 34228

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

Title           TREASURER  
Name           WILKINS-HODGES, WENDY  
Address        615 DREAM ISLAND  
                  210  
City-State-Zip: LONGBOAT KEY FL 34228

Title           DIRECTOR  
Name           MINK, TOM  
Address        4 HUME CT  
City-State-Zip: BALTIMORE MD 21214

Title           DIRECTOR  
Name           GOWAN, DOUGLAS  
Address        615 DREAM ISLAND RD  
City-State-Zip: LONGBOAT KEY FL 34228-1520

Title           DIRECTOR  
Name           CROWLEY, THOMAS  
Address        615 DREAM ISLAND RD  
                  306  
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: MARY LOU WEBSTER**

**MANAGER**

**04/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date