


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90001 038 \*\*\*\*61.25

**DOCUMENT # 723422**  
 1. Entity Name  
**HARBOUR ROYALE CONDOMINIUM ASSOCIATION, INC.**



**J4017010**

Principal Place of Business  
**510 PALM SPRINGS BLVD.  
 INDIAN HARBOUR BEACH, FL 32937**

Mailing Address  
**510 PALM SPRINGS BLVD.  
 INDIAN HARBOUR BEACH, FL 32937**



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

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

03082004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-1786502**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**BECKER & POLIAKOFF, P.A.**  
**C/O JOHN CHRISTENSEN, ESQ**  
**500 WINDERLY PLACE, STE 104**  
**MAITLAND, FL 32751**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEREBEE, MARVIN 520 PALM SPRINGS BLVD STE 208 INDIAN HARBOUR BEACH, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFFNER, DON 520 PALM SPRINGS BLVD STE 509 INDIAN HARBOUR BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERKINS, RICHARD 520 PALM SPRINGS BLVD 611 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAINWATER, DOROTHY 416 SCHOOL RD. INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D DON CLARK 520 PALM SPRINGS BLVD - 509 INDIAN HARBOUR Bch FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DON HOFFNER 520 PALM SPRINGS BLVD - 512 INDIAN HARBOUR Bch, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ALICE WAGNER 520 PALM SPRINGS BLVD - 208 INDIAN HARBOUR Bch, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D TIM HIMBERGER 500 PALM SPRINGS BLVD INDIAN HARBOUR Bch, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Don Hoffner* **DON HOFFNER, PRES.** 3/10/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #