


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90054 026 ****61.25

DOCUMENT # 723422					
1. Entity Name HARBOUR ROYALE CONDOMINIUM ASSOCIATION, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. C/O JOHN CHRISTENSEN, ESQ 500 WINDERLY PLACE, STE 104 MAITLAND, FL 32751				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DON		NAME	Tim Himburger	
STREET ADDRESS	520 PALM SPRINGS BLVD-509		STREET ADDRESS	500 Palm Springs Blvd-501	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937		CITY-ST-ZIP	Indian Harbour Bch, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFNER, DON		NAME	James Guerriero	
STREET ADDRESS	520 PALM SPRINGS BLVD-512		STREET ADDRESS	520 Palm Springs Blvd - 201 IHB, FL 32937	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ALICE		NAME		
STREET ADDRESS	520 PALM SPRINGS BLVD-208		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMBERGER, TIM		NAME	Dorothy Rainwater	
STREET ADDRESS	500 PALM SPRINGS BLVD.		STREET ADDRESS	416 School Road- 106, Ind Hbr Bch, FL 32937	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Alice Wagner</u>			1/21/05 321-773-8853		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

30006225



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1786502 Applied For Not Applicable

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