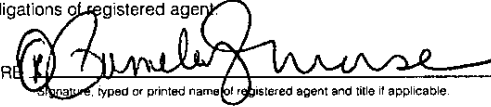


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90005 025 ****61.25

DOCUMENT # 732464 1. Entity Name HARBOUR HOUSE CONDOMINIUM, INC.					
Principal Place of Business 1217 SOMBRERO BLVD. MARATHON, FL 33050 US			Mailing Address P.O. BOX 500268 MARATHON, FL 33050-0268 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1706286	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CRUTCHFIELD, HAYDEN 1217 SOMBRERO BLVD UNIT 13 MARATHON, FL 33050				7. Name and Address of New Registered Agent Name Pam MORSE Street Address (P.O. Box Number is Not Acceptable) 1217 SOMBRERO BLVD UNIT 11 City MARATHON FL Zip Code 33050	
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  Pamela J. Morse 3/8/06 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	DP CRUTCHFIELD, HAYDEN D 1217 SOMBRERO BLVD, UNIT 13 MARATHON, FL 33050	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM CRUTCHFIELD, HAYDEN 1217 SOMBRERO BLVD UNIT 13 MARATHON FL 33050	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREVATPAN, AUDREY 1217 SOMBRERO BLVD, UNIT 35 MARATHON, FL 33050	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARB AMISLER 1217 SOMBRERO BLVD UNIT 31 MARATHON, FL 33050	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOTT, D. N 1217 SOMBRERO BLVD. STE 22 MARATHON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM CACERES, MARGIE 1217 SOMBRERO BLVD UNIT 26 MARATHON, FL 33050	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAUTCHIK, MARVIN 1217 SOMBERO BLVD UNIT 24 MARATHON, FL 33050	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAM MORSE 1217 SOMBRERO BLVD UNIT 11 MARATHON, FL 33050	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM AMISLER, MARK 1217 SOMBRERO BLVD, UNIT 31 MARATHON, FL 33050	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  Pamela J. Morse 3/8/06 440-352-2600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					