


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90058 016 \*\*\*\*61.25

<b>DOCUMENT # 741741</b> 1. Entity Name <b>HARBOUR 92 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>200 HARBOR VIEW DRIVE #508 TAVERNIER, FL 33070</b>			Mailing Address <b>200 HARBOR VIEW DRIVE #508 TAVERNIER, FL 33070</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1864784</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>RITCHIE, JIM</del> <del>200 HARBORVIEW DR. #107</del> <del>TAVERNIER, FL 33070</del>			Name <b>Chuck Tashjian</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 Harborview Dr #505</b> City <b>TAVERNIER</b> FL <b>33070</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>VP</b> NAME <b>LEONTARAS, CLAUDIA</b> STREET ADDRESS <b>200 HARBORVIEW DR #PH3</b> CITY-ST-ZIP <b>TAVERNIER, FL 33070</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>Claudia Leontaras</b> STREET ADDRESS <b>200 Harbor View Dr. PH3</b> CITY-ST-ZIP <b>TAVERNIER FL 33070</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <del>BOWMAN, JOHN</del> STREET ADDRESS <del>200 HARBORVIEW DR.</del> CITY-ST-ZIP <del>TAVERNIER, FL 33070</del>	<input checked="" type="checkbox"/> Delete		TITLE <b>T</b> NAME <b>Mark Hewitt</b> STREET ADDRESS <b>200 Harborview Dr</b> CITY-ST-ZIP <b>TAVERNIER, FL 33070</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>P</b> NAME <del>RITCHIE, JIM</del> STREET ADDRESS <del>200 HARBORVIEW DR. #107</del> CITY-ST-ZIP <del>TAVERNIER, FL 33070</del>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Elliot Fassy</b> STREET ADDRESS <b>200 Harborview Dr</b> CITY-ST-ZIP <b>TAVERNIER, FL 33070</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <del>TRENDEL, DENNIS</del> STREET ADDRESS <del>200 HARBOR VIEW DR. #307</del> CITY-ST-ZIP <del>TAVERNIER, FL 33070</del>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Ron Paradis</b> STREET ADDRESS <b>200 Harbor View Dr #104</b> CITY-ST-ZIP <b>TAVERNIER FL 33070</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>KISCH, SALLY</b> STREET ADDRESS <b>200 HARBOR VIEW DR., PH1</b> CITY-ST-ZIP <b>TAVERNIER, FL 33070</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Emy VANostate</b> STREET ADDRESS <b>200 Harbor View Dr #306</b> CITY-ST-ZIP <b>TAVERNIER FL 33070</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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 line empowered.					
SIGNATURE: <u>Sally F. Kisch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/23/07</u> <small>Date</small>		
<small>Daytime Phone #</small>					