## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 747773**

FILED Mar 24, 2006 Secretary of State

Entity Name: THE HARBOUR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1591 GULF BLVD CLEARWATER, FL 34630

**Current Mailing Address: New Mailing Address:** 

7300 PARK SEMINOLE, FL 33777

FEI Number: 59-1992412 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, DOROTHY 7300 PARK S SEMINOLE, FL 33777 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BURKE, FRANK NOVAK, MICHAEL Name: Name: 1591 GULF BLVD. Address: 1591 GULF BLVD. \$603 Address:

City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Delete Title: (X) Change ( ) Addition

PROTENENTIS, KEN PROTENENTIS, KEN Name: Name: Address: 1591 GULF BLVD., #702 Address: 1591 GULF BLVD., #702

City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Delete Title: () Change () Addition

FOREE, BARBARA Name: Name:

1591 GULF BLVD. Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip:

Title: TD ( ) Delete Title: () Change () Addition

Name: EDINGER, JAMES Name: Address: 1581 GULF BLVD., #302 Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip:

Title: () Delete Title: VPD (X) Change ( ) Addition

FENTON, HAROLD Name: Name: FENTON, HAROLD 1581 GULF BLVD., #604 1581 GULF BLVD., #604 Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL NOVAK PD 03/24/2006