2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#747773

FILED Apr 02, 2008 Secretary of State

Entity Name: THE HARBOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1581 (N) & 1591 (S) GULF BLVD CLEARWATER, FL 33767 **Current Mailing Address: New Mailing Address:** C/O RESOURCE PROPERTY MGMT 7300 PARK STREET SEMINOLE, FL 33777 US 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: RESOURCE PROPERTY MGMT 7300 PARK STREET 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NOVAK, MICHAEL Name: Name: 1581 GULF BLVD #702N Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: Title: Title: VΡ () Delete (X) Change () Addition FENTON, HAL Name: FISCH, AL Name: Address: 1581 GULF BLVD #604N Address: 1581 GULF BLVD #101S City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: CLEARWATER, FL 33767 Title: () Delete Title: (X) Change () Addition FERREE, BARBARA BURKE, JUDY Name: Name: 1591 GULF BLVD #305S Address: Address: 1591 GULF BLVD #102S City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: CLEARWATER, FL 33767 Title: () Delete Title: (X) Change () Addition Name: EDINGER, JAMES Name: FENTON, HAL 1591 GULF BLVD #604N Address: 1591 GULF BLVD #302S Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: CLEARWATER BEACH, FL 33767 Title: () Delete Title: () Change () Addition PROTONENTIS, KEN Name: Name: 1591 GULF BLVD #702S Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 P/D 04/02/2008