


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90027 027 ****61.25

DOCUMENT # 751127					
1. Entity Name HARBOUR BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10281 E BAY HARBOUR DR BAY HARBOUR ISL, FL 33154		Mailing Address 10281 E BAY HARBOUR DR BAY HARBOUR ISL, FL 33154			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2020995	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOUCHER, MICHELLE 10281 E BAY HARBOUR DR BAY HARBOUR ISL, FL 33154			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: <i>Michelle Boucher</i>			DATE: 07/11/06		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by September 6, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARDINALE-SANTANA, CAROLE		NAME		
STREET ADDRESS	10281 E BAY HARBOUR DR		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOUR ISL, FL 33154		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIZZORNI, LUIS		NAME		
STREET ADDRESS	10281 E BAY HARBOUR DR		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOUR ISL, FL 33154		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARAM, GEORGE		NAME	SECRETARY TREASURER	
STREET ADDRESS	10281 E. BAY HARBOR DR.		STREET ADDRESS	PAUL MEYER	
CITY-ST-ZIP	BAY HBR ISLAND, FL		CITY-ST-ZIP	10281 E. BAY HARBOR DRIVE	
				BAY HARBOR ISLAND, FL 33154	
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		
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 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: <i>Paul Meyer</i>		PRESIDENT		07/11/06 305-992-	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

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