


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 751127 1. Entity Name HARBOUR BAY CONDOMINIUM ASSOCIATION, INC.	
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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
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01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2020995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOUCHER, MICHELLE 10281 E BAY HARBOUR DR BAY HARBOUR ISL, FL 33154

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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 _____ DATE _____
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 May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDINALE-SANTANA, CAROLE 10281 E BAY HARBOUR DR BAY HARBOUR ISL, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIZZORNI, LUIS 10281 E BAY HARBOUR DR BAY HARBOUR ISL, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEYER, PAUL 10281 EAST BAY HARBOR DR BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 01/31/07-00032-012 61.25

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: *Carole Cardinale-Santana (President)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Jan 23-07* Daytime Phone #: *305 992 5425*