


**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90036 010 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # N04000010633**

1. Entity Name  
**MARSH HARBOUR 1 CONDOMINIUM ASSOCIATION, INC.**



40098345

Principal Place of Business  
 2121 PONCE DE LEON BOULEVARD, PH  
 CORAL GABLES, FL 33134

Mailing Address  
 2074 W. INDIANTOWN RD  
 SUITE #200  
 JUPITER, FL 33458



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
 20-4507443

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

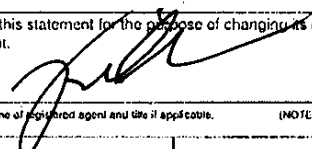
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

REGISTERED AGENTS OF FLORIDA LLC  
 100 SOUTHEAST SECOND STREET, SUITE 2900  
 MIAMI, FL 33131-2130

Name **GARY FIELDS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4400 PGA BLVD.**  
**SUITE 900**  
 City **PALM BEACH GARDENS FL** Zip Code **33410**

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 **4/7/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reconstituting) DATE

Filing Fee is \$61.25  
 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.  \$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  Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**TSD**  
**ADAMS, BRUCE**  
**2121 PONCE DE LEON BOULEVARD, PH**  
**CORAL GABLES, FL 33134**

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Delete  
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**P**  
**BEGUIRISTAIN, BARBARA**  
**2121 PONCE DE LEON BOULEVARD, PH**  
**CORAL GABLES, FL 33134**

TITLE  Change  Addition  
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 CITY - ST - ZIP

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**VP**  
**CRUZ, MAXIMO JR**  
**2121 PONCE DE LEON BOULEVARD, PH**  
**CORAL GABLES, FL 33134**

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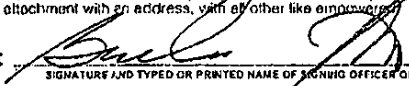
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 empowers.

SIGNATURE:  DATE **3/12/08** DAYTIME PHONE # **786-709-2257**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

**BARBARA BEGUIRISTAIN, PRESIDENT**

