

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010633

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: MARSH HARBOUR 1 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BOULEVARD, PH  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-4507443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FIELDS, GARY  
4400 PGA BLVD  
PALM BEACH GARDENS, FL 33410      US

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

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:**

Title: TSD      ( ) Delete  
Name: ADAMS, BRUCE  
Address: 2121 PONCE DE LEON BOULEVARD, PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: P      ( ) Delete  
Name: BEGUIRISTAIN, BARBARA  
Address: 2121 PONCE DE LEON BOULEVARD, PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP      ( ) Delete  
Name: CRUZ, MAXIMO JR  
Address: 2121 PONCE DE LEON BOULEVARD, PH  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: BARBARA BEGUIRISTAIN

P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date