
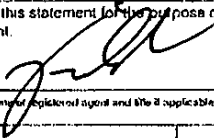
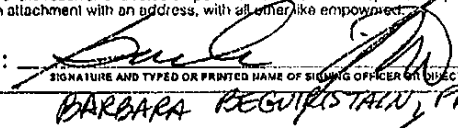


FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90036 003 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011046			
1. Entity Name MARSH HARBOUR 49 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2121 PONCE DE LEON BLVD., 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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND ST., SUITE 2900 MIAMI, FL 33131-2130		7. Name and Address of New Registered Agent 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	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	TSD ADAMS, BRUCE 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEGUIRISTAIN, BARBARA 2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRUZ, MAXIMO JR 2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerment.			
SIGNATURE: 		DATE: 3/12/08 DAYTIME PHONE #: 786-709-2257	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA BEGUIRISTAIN, PRESIDENT			

40098338



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4507050 Applied For Not Applicable

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

4/7/08

3/12/08 786-709-2257

