


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

04-16-2008 90041 039 ****61.25
N05000004143

DOCUMENT # N05000004143
1. Entity Name
**HARBOUR ISLE AT HUTCHINSON ISLAND WEST
CONDOMINIUM ASSOCIATION, INC.**



FILED

08 APR 28 PM 2: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14-A HARBOUR ISLE DRIVE WEST
FORT PIERCE, FL 34949

Mailing Address
14-A HARBOUR ISLE DRIVE WEST
FORT PIERCE, FL 34949

04072008 Chg-NP CR2E037 (12/06)

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

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

City & State

4. FEI Number
20-2717324

Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**ROSS, DEBERAH L ESQUIRE
759 S. FEDERAL WAY STE 212
STUART, FL 34994**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Amended AR is \$61.25

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODGERS, DEREK 12 HARBOUR ISLE DR. WEST #106 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERON, MALCOLM 21 HARBOUR ISLE WEST #106 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLLIVER, KATHLEEN 26 HARBOUR ISLE WEST #203 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMUPTH, D'ANDRIA 33 HARBOUR ISLE DR WEST #201 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURBAN, KEVIN 16 HARBOUR ISLE DR. WEST #105 FORT PIERCE, FL 34950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, CASSANDRA 34 HARBOUR ISLE DR WEST #PHO3 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDERSON, MALCOLM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNETH D'ANDRIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 empowered.

SIGNATURE: Kevin Burban DATE: 4/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

KEVIN BURBAN

ATTACHMENT

60025136

#

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BLOCK 11 - ADDITIONAL DIRECTORS

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NOEL R. MAXAM
11 HARBOUR ISLE DR #204
FT. PIERCE, FL 34949