

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011807

FILED  
Apr 23, 2006  
Secretary of State

**Entity Name:** HARRISON COVE VILLAS AT SUMMER BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5456 FIRST COAST HWY  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

463499 STATE ROAD 200  
YULEE, FL 32097 US

**Current Mailing Address:**

5456 FIRST COAST HWY  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

P O BOX 1987  
YULEE, FL 320411987 US

FEI Number: 20-3860015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POWELL, TERRELL J  
2215 EAST STATE ROAD 200  
YULEE, FL 32097 US

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

PROPERTY MANAGEMENT SYSTEMS INC  
463499 STATE ROAD 200  
YULEE, FL 32097 US

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: TERRELL J POWELL

04/23/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SANDS, JAMES  
Address: 5456 FIRST COAST HWY  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DV ( ) Delete  
Name: CATANZARO, PHIL  
Address: 5456 FIRST COAST HWY  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: DST ( ) Delete  
Name: KORSOG, KEITH  
Address: 5456 FIRST COAST HWY  
City-St-Zip: AMELIA ISLAND, FL 32034

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

Title: D/P (X) Change ( ) Addition  
Name: SANDS, JAMES U  
Address: 5456 FIRST COAST HWY  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D/V (X) Change ( ) Addition  
Name: CATANZARRO, PHIL  
Address: 5456 FIRST COAST HWY  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DST (X) Change ( ) Addition  
Name: KORSOG, KEITH  
Address: 5456 FIRST COAST HWY  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES U SANDS

D/P

04/23/2006

Electronic Signature of Signing Officer or Director

Date