


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000004376

1. Entity Name
HARBOR POINTE BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 451 APOLLO BEACH BLVD APOLLO BEACH, FL 33572	Mailing Address 451 APOLLO BEACH BLVD APOLLO BEACH, FL 33572
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5271950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EKLO, MARK
 451 APOLLO BEACH BLVD
 APOLLO BEACH, FL 33572**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

0000094842
 05/02/08-30006-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EKLO, MARK 451 APOLLO BEACH BLVD APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARTH, WILLIAM R PO BOX 1177 BISMARCK, ND 58502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUSS, DAN 451 APOLLO BEACH BLVD APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowered.

SIGNATURE: *Shuy Wang* **4-28-07 239-275-1320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #