

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 21, 2008
Secretary of State**

DOCUMENT# N06000009358

Entity Name: HARBOR AT LEMON BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 S MCCALL RD
ENGLEWOOD, FL 33423

New Principal Place of Business:

Current Mailing Address:

900 S MCCALL RD
ENGLEWOOD, FL 33423

New Mailing Address:

FEI Number: 20-8350739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPRADE, MARK A
900 S MCCALL RD
ENGLEWOOD, FL 33423 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: PD () Delete
Name: VANIK, HOWARD W
Address: 900 S MCCALL RD
City-St-Zip: ENGLEWOOD, FL 33423

Title: VPD () Delete
Name: LAPRADE, MARK A
Address: 900 S MCCALL RD
City-St-Zip: ENGLEWOOD, FL 33423

Title: STD () Delete
Name: WACKER, TRACI L
Address: 900 S MCCALL RD
City-St-Zip: ENGLEWOOD, FL 33423

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: MARK LAPRADE

P

02/21/2008

Electronic Signature of Signing Officer or Director

_____ Date