

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N15267

Entity Name: HARBOR SHORES CONDOMINIUM UNIT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6800 MALONEY AVENUE
OFFICE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

6800 MALONEY AVE
OFFICE
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-2587307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COOK, MITCHELL J
24171 OVERSEAS HIGHWAY
SUITE 2
SUMMERLAND KEY, FL 33042 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: P () Delete
Name: CONROY, BRENDA
Address: 6800 MALONEY AVE LOT 31
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: WALLACE, JAMES
Address: 6800 MALONEY AVE LOT 36
City-St-Zip: KEY WEST, FL 33040

Title: VPD () Delete
Name: JONES, JOHN
Address: 6800 MALONEY AVE LOT 46
City-St-Zip: KEY WEST, FL 33040

Title: STD () Delete
Name: FLENARD-MOORE, DIANA
Address: 6800 MALONEY AVE LOT 44
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SIMPSON, DAN
Address: 6800 MALONEY AVE LOT 35
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: VILLONE, KIM
Address: 6800 MALONEY AVE LOT 36
City-St-Zip: KEY WEST, FL 33040

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:

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: DIANA FLENARD-MOORE

STD

04/28/2008

Electronic Signature of Signing Officer or Director

Date