

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
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

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date