

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90022 011 ****61.25

DOCUMENT # 749126 1. Entity Name HARBOUR HILL CLUB CONDOMINIUM, INC.					
GUAR200 331260296 1003 03 01/08/04 NOTIFY SENDER OF NEW ADDRESS : GUARANTEE MANAGEMENT SERVICES 6925 NW 42ND ST MIAMI FL 33166-6820					
City & State		City & State		03262004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1951162	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUARANTEE MANAGEMENT SERVICES 444 FONTAINEBLEAU BLVD MIAMI, FL 33172			7. Name and Address of New Registered Agent Guarantee Management Services, Inc. 6925 NW 42nd Street Miami, Florida 33166-6820		
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, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOFFETT, SHARON L		NAME		
STREET ADDRESS	2539 S BAYSHORE DRIVE, #110		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEMPLES, JON		NAME		
STREET ADDRESS	2539 S BAYSHORE DRIVE, #PH4		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGEN, JOSEPH D		NAME	SD HAGEN, JOSEPH D	
STREET ADDRESS	2539 S. BAYSHORE DR. #423		STREET ADDRESS	2539 S. BAYSHORE DR. #423	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HURRIE, CAROL		NAME	TD TAPANES-LIAHUES, MELISSA	
STREET ADDRESS	2539 S BAYSHORE DR # 221		STREET ADDRESS	2539 S BAYSHORE DR. # 419	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAGEN, JOSEYA D		NAME	D MERRILL JAMES	
STREET ADDRESS	2539 S BAYSHORE DR # 423		STREET ADDRESS	2539 S. Bayshore Dr. #220	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jon Stemples</u>			3/30/04 305 490 9840		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		