

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748394

**Entity Name:** HARBOUR POINTE OF DELRAY CONDOMINIUM, INC.

**FILED**  
**Mar 10, 2015**  
**Secretary of State**  
**CC9505891949**

**Current Principal Place of Business:**

C/O PATTI HASNER  
944 GREENSWARD LANE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

C/O PATTI HASNER  
944 GREENSWARD LANE  
DELRAY BEACH, FL 33445 US

**FEI Number: 65-0027562**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HASNER, PATTI  
944 GREENSWARD LANE  
DELRAY BEACH, FL 33445 US

*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

**Officer/Director Detail :**

Title PD  
Name GUTTUSO, JAMES  
Address 1709 DEL HAVEN DRIVE  
City-State-Zip: DELRAY BEACH FL 33483

Title D  
Name STEIN, ALVIN  
Address 1715 DEL HAVEN DRIVE  
City-State-Zip: DELRAY BEACH FL 33483

Title D  
Name SODANO, JOSEPH  
Address 1730 DEL HAVEN DRIVE  
City-State-Zip: DELRAY BEACH FL 33483

Title D  
Name STILLEY, JOHN  
Address 1719 DEL HAVEN DRIVE  
City-State-Zip: DELRAY BEACH FL 33483

*I hereby 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 all other like empowered.*

**SIGNATURE: JAMES GUTTUSO**

**PRESIDENT**

**03/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date