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.

PRESIDENT

SIGNATURE: JAMIE HESS

| Electronic Signature of Signing | Officer/Director Detail |
|---------------------------------|-------------------------|
|---------------------------------|-------------------------|

| Address | 275 NW FLAGLER AVE., # 403 | Address | 275 NW FLAGLER AVE., # 402 |
|-----------------|---------------------------------|-----------------|----------------------------|
| City-State-Zip: | STUART FL 34994 | City-State-Zip: | STUART FL 34994 |
| Title | VP | Title | D |
| Name | TANSKI, EDWARD | Name | MATTINGLY, C ANDREW |
| Address | 1436 PLEASURE AVE | Address | 275 N W FLAGLER DR |
| City-State-Zip: | OCEAN CITY NJ 08226 | City-State-Zip: | STUART 34994 |
| Title | DIRECTOR | | |
| Name | DEBERARD, PHILIP | | |
| Address | 415 NW FLAGLER AVE SUITE 201 | | |
| City-State-Zip: | STUART FL 34994 | | |
| | | | |
| | | | |
| | | | |

| Officer | /Director | Dotail . |
|---------|-----------|----------|
| Unicer | Director | Delall. |

Title Name

| Name and Address of Current Registered Agent: | |
|---|--|
| ROSS EARLE & BONAN, P.A. | |
| 89 S. FEDERAL HWY | |
| SUITE 101 | |

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: HARBORAGE YACHT SEVEN CONDOMINIUM ASSOCIATION,

STUART, FL 34994

415 NW FLAGLER AVE

INC.

SUITE 201

Current Mailing Address:

DOCUMENT# N0700006481

Current Principal Place of Business:

415 NW FLAGLER AVE SUITE 201 STUART, FL 34994 US

FEI Number: 26-1818861

Ν

R 78 S STUART, FL 34994 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: DEBORAH ROSS Electronic Signature of Registered Agent

| er/Director Detail : | | | | | | |
|----------------------|----------------------------|-----------------|----------------------------|--|--|--|
| | Р | Title | S/T | | | |
| | HESS, JAMIE | Name | LEE, DARLENE | | | |
| SS | 275 NW FLAGLER AVE., # 403 | Address | 275 NW FLAGLER AVE., # 402 | | | |
| tate-Zip: | STUART FL 34994 | City-State-Zip: | STUART FL 34994 | | | |
| | VP | Title | D | | | |
| | TANSKI, EDWARD | Name | MATTINGLY, C ANDREW | | | |
| SS | 1436 PLEASURE AVE | Address | 275 N W FLAGLER DR | | | |
| tate-Zip: | OCEAN CITY NJ 08226 | City-State-Zip: | STUART 34994 | | | |
| | DIRECTOR | | | | | |
| | DEBERARD, PHILIP | | | | | |
| SS | 415 NW FLAGLER AVE | | | | | |

Certificate of Status Desired: No

FILED Mar 25, 2014 Secretary of State CC4959495959

> 03/25/2014 Date

03/25/2014 Date