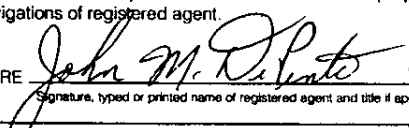
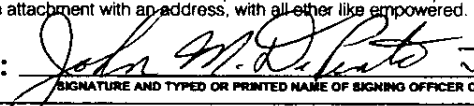


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90014 022 ****61.25

DOCUMENT # 702164 1. Entity Name HARBOUR HEIGHTS CIVIC ASSOCIATION, INC.					
Principal Place of Business 2530 HARBOUR DRIVE HARBOUR HEIGHTS, FL 33983-3155			Mailing Address 2530 HARBOUR DRIVE PMB #1 HARBOUR HEIGHTS, FL 33983-3155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2530 HARBOUR DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State HARBOUR HEIGHTS, FL		4. FEI Number 06-0154551	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
33983-3155		USA		08112007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent GALLA, WALTER 27209 VOYAGEUR DR HARBOUR HEIGHTS, FL 33983			7. Name and Address of New Registered Agent Name JOHN M. DI PINTO Street Address (P.O. Box Number is Not Acceptable) 3416 PEACE RIVER DRIVE City HARBOUR HEIGHTS, FL Zip Code 33983		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  JOHN M. DI PINTO PRESIDENT 8-11-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee Is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VD DIPINTO, JOHN 3416 PEACE RIVER DRIVE HARBOUR HEIGHTS, FL 33983	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANGLER, KENNETH 3577 PEACE RIVER DR HARBOUR HEIGHTS, FL 33983	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLA, WALTER 27209 VOYAGEUR DR HARBOUR HEIGHTS, FL 33983	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVIGNY, DOROTHY 27385 VOYAGEUR DR HARBOUR HEIGHTS, FL 33983	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUBEL, GINA 3160 PEACE RIVER DR HARBOUR HEIGHTS, FL 33983	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, JOE 27258 SAN MARINO DR HARBOUR HEIGHTS, FL 33983	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVE VIEIRA 2268 TALBROOK TERRACE HARBOUR HEIGHTS, FL 33983	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDIE DRIEST 27243 ADAMS STREET HARBOUR HEIGHTS, FL 33983	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOAN HAYES 27063 OMNI LANE HARBOUR HEIGHTS, FL 33983	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGARET SCOTT 27321 VOYAGEUR DRIVE HARBOUR HEIGHTS, FL 33983	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL MOYER 27185 SAN MARINO DRIVE HARBOUR HEIGHTS, FL 33983	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  JOHN M. DI PINTO 8-11-07 941-255-1825 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					