

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704955

FILED  
Apr 20, 2006  
Secretary of State

**Entity Name:** BOCA HARBOUR - HARBOUR ISLAND ASSOCIATION, INC.

**Current Principal Place of Business:**

836 NE 72ND STREET  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

836 NE 72ND STREET  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 59-0769419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOBBIE SCHWANINGER  
836 NE 72ND STREET  
BOCA RATON, FL 33487 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: TD ( ) Delete  
Name: SCHWANINGER, BOBBIE  
Address: 836 NE 72ND STREET  
City-St-Zip: BOCA RATON, FL

Title: PD ( ) Delete  
Name: RASMUSSEN, TARINA  
Address: 710 APPLEBY ST  
City-St-Zip: BOCA RATON, FL 33487

Title: VPD ( ) Delete  
Name: STRAUSS, DAVID  
Address: 771 APPLEBY ST.  
City-St-Zip: BOCA RATON, FL 33487

Title: SD ( ) Delete  
Name: CRAY, BECKY  
Address: 811 NE 70TH STREET  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: NORDINGER, HARRY  
Address: 837 NE 72ND STREET  
City-St-Zip: BOCA RATON, FL 33487

Title: VPD (X) Change ( ) Addition  
Name: VISCOMI, KATHLEEN  
Address: 831 NE 72ND STREET  
City-St-Zip: BOCA RATON, FL 33487

Title: SD (X) Change ( ) Addition  
Name: CAIN, DIANE  
Address: 846 NE 73TH STREET  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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: BOBBIE SCHWANINGER

TD

04/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date