

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705405

FILED
Feb 12, 2009
Secretary of State

Entity Name: HARBOUR TERRACE CONDOMINIUM CORPORATION, INC.

Current Principal Place of Business:

500 NE SPANISH RIVER BLVD.
STE 18
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

500 NE SPANISH RIVER BLVD
#18
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-1158444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, ERNEST W
500 NE SPANISH RIVER BLVD
SUITE 18
BOCA RATON, FL 33431 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: D () Delete
Name: IAGULLI, DIANE M
Address: 463 MASS AVE #2
City-St-Zip: BOSTON, MA 02118

Title: PD () Delete
Name: QUINN, TIM
Address: 701 NE HARBOUR TERR. 201
City-St-Zip: BOCA RATON, FL 33431

Title: TD () Delete
Name: SMITH, BOB
Address: 701 NE HARBOUR TERR. #115
City-St-Zip: BOCA RATON, FL 33431

Title: VD () Delete
Name: QUINN, ANDREW
Address: 701 NE HARBOUR TERR #108
City-St-Zip: BOCA RATON, FL 33431

Title: SD (X) Delete
Name: GOODE, ANDREA
Address: 29 EMERSON WAY #102
City-St-Zip: CENTERVILLE, MA 02632

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUINN, TIM
Address: 701 NE HARBOUR TERR. 201
City-St-Zip: BOCA RATON, FL 33431

Title: VD (X) Change () Addition
Name: IAGULLI, DIANE
Address: 463 MASS AVE #2
City-St-Zip: BOSTON, MA 02118

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

Title: SD (X) Change () Addition
Name: QUINN, ANDREW
Address: 701 NE HARBOUR TERR #108
City-St-Zip: BOCA RATON, FL 33431

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

I hereby certify that the information supplied with this filing does not qualify 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: TIM QUINN

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date