


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90010 038 ****61.25

DOCUMENT # 711826 1. Entity Name BAR HARBOUR CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 86 MACFARLANE DRIVE DELRAY BEACH, FL 33483			Mailing Address 86 MACFARLANE DRIVE DELRAY BEACH, FL 33483																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																																																																																																																																																		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																																																																		
City & State 			City & State 																																																																																																																																																		
Zip 		Country 		4. FEI Number 59-1200343																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent STETTNER, SCOTT 86 MACFARLANE DR DELRAY BEACH, FL 33483																																																																																																																																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BIRD, HARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOYLE, LOUISE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOFFERBER, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRISCILLA, RANDALL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BCH, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIEBERMAN, JIM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BCH, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STETTNER, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MCFARLANE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BCH, FL 33483</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SCHRODER, BERNIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FARBER, MINDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Randall Priscilla</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MacFarlane Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Delray Beach, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CROCE, CATHERINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SWILL, JERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STETTNER, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>86 MACFARLANE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	BIRD, HARRY		STREET ADDRESS	86 MACFARLANE DR		CITY-ST-ZIP	DELRAY BEACH, FL 33483		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	DOYLE, LOUISE		STREET ADDRESS	86 MACFARLANE DR		CITY-ST-ZIP	DELRAY BEACH, FL 33483		TITLE	D	<input type="checkbox"/> Delete	NAME	HOFFERBER, PETER		STREET ADDRESS	86 MACFARLANE DR		CITY-ST-ZIP	DELRAY BEACH, FL 33483		TITLE	S	<input checked="" type="checkbox"/> Delete	NAME	PRISCILLA, RANDALL		STREET ADDRESS	86 MACFARLANE DR		CITY-ST-ZIP	DELRAY BCH, FL 33483		TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	LIEBERMAN, JIM		STREET ADDRESS	86 MACFARLANE DR		CITY-ST-ZIP	DELRAY BCH, FL 33483		TITLE	V	<input type="checkbox"/> Delete	NAME	STETTNER, SCOTT		STREET ADDRESS	86 MCFARLANE DR		CITY-ST-ZIP	DELRAY BCH, FL 33483		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SCHRODER, BERNIE		STREET ADDRESS	86 MACFARLANE DR.		CITY-ST-ZIP	DELRAY BEACH, FL 33483		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	FARBER, MINDY		STREET ADDRESS	86 MACFARLANE DR.		CITY-ST-ZIP	DELRAY BEACH, FL 33483		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Randall Priscilla		STREET ADDRESS	86 MacFarlane Dr		CITY-ST-ZIP	Delray Beach, FL 33483		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	CROCE, CATHERINE		STREET ADDRESS	86 MACFARLANE DR.		CITY-ST-ZIP	DELRAY BEACH, FL 33483		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SWILL, JERRY		STREET ADDRESS	86 MACFARLANE DR.		CITY-ST-ZIP	DELRAY BEACH, FL 33483		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STETTNER, SCOTT		STREET ADDRESS	86 MACFARLANE DR.		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	P	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	BIRD, HARRY																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR																																																																																																																																																				
CITY-ST-ZIP	DELRAY BEACH, FL 33483																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	DOYLE, LOUISE																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR																																																																																																																																																				
CITY-ST-ZIP	DELRAY BEACH, FL 33483																																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	HOFFERBER, PETER																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR																																																																																																																																																				
CITY-ST-ZIP	DELRAY BEACH, FL 33483																																																																																																																																																				
TITLE	S	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	PRISCILLA, RANDALL																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR																																																																																																																																																				
CITY-ST-ZIP	DELRAY BCH, FL 33483																																																																																																																																																				
TITLE	T	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	LIEBERMAN, JIM																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR																																																																																																																																																				
CITY-ST-ZIP	DELRAY BCH, FL 33483																																																																																																																																																				
TITLE	V	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	STETTNER, SCOTT																																																																																																																																																				
STREET ADDRESS	86 MCFARLANE DR																																																																																																																																																				
CITY-ST-ZIP	DELRAY BCH, FL 33483																																																																																																																																																				
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	SCHRODER, BERNIE																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR.																																																																																																																																																				
CITY-ST-ZIP	DELRAY BEACH, FL 33483																																																																																																																																																				
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	FARBER, MINDY																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR.																																																																																																																																																				
CITY-ST-ZIP	DELRAY BEACH, FL 33483																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	Randall Priscilla																																																																																																																																																				
STREET ADDRESS	86 MacFarlane Dr																																																																																																																																																				
CITY-ST-ZIP	Delray Beach, FL 33483																																																																																																																																																				
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	CROCE, CATHERINE																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR.																																																																																																																																																				
CITY-ST-ZIP	DELRAY BEACH, FL 33483																																																																																																																																																				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	SWILL, JERRY																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR.																																																																																																																																																				
CITY-ST-ZIP	DELRAY BEACH, FL 33483																																																																																																																																																				
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	STETTNER, SCOTT																																																																																																																																																				
STREET ADDRESS	86 MACFARLANE DR.																																																																																																																																																				
CITY-ST-ZIP	DELRAY BEACH, FL 33483																																																																																																																																																				
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: _____ <i>Mark 4/2008 561-276-0930</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					