2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

	Secretary of State								
DOCUMENT #714895 1. Entity Name HARBOUR TOWERS CONDOMINIUM ASSOCIATION OF NORTH PALM BEACH, INC.					3	oecreta 02-05-2007	-		
Principal Place of Business 907 MARINA DRIVE NORTH PALM BEACH, FL 33408		Mailing Address 907 MARINA DRIVE ## 2 08 NORTH PALM BEACH, FL 33408			I JUGON 1870 I 1870	81871 ITHA IERE AM A		HEM ELEKTI	L CI ##
2. Principal Place	e of Business - No P.O. Box #	3. Mailing Address 907 MARINA DRIVE							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	01032007 _C	hg-NP	CR2E037 (12	/06)	
City & State		NorTh Palm BEACH FL		FL	4. FEI Number 59-13137	73			ied For Applicable
Zip	Country	33408	Country USA		5. Certificate of S	tatus Desired		5 Additio	onal
E	6. Name and Address of Current F	Registered Agent		•	7. Name and Add	tress of New Rec	istered Agent		
SZYMALAK, RONALD 907 MARINA DRIVE				ddress (f	P.O. Box Number is	Not Acceptable)			
#208 N PALM BCH,									
			City		· · · · · ·		FL Z	p Code	
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 great									
the obligations of registered agent.									
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SIGNATURE Signa	Consider Symmetries, typed or printed neries of realistered agent a	Jak Trape. Inditie if applicable. (NOTE: F	Rowa de Registered Agent signatu		SZYMAL () when rensisting)) K	/-3/- C	> 7	
Signa	Period Szymo neture, typed or prised name of represent agent a ling Fee is \$61.25 ue by May 1, 2007	And title if applicable. (NOTE: R 9. Election Camp Trust Fund Cod	aign Financing	ce required		Mal	DATE DATE ke check paya la Department	able to	
Signa	ling Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing	Le required	when rensisting) 	Mai Florid	ke check paya la Department	able to	
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Romald Lymplak Troop	RONALD 52	YMALAK	1-31-07 561-626-52	70
SIGNATURE AND TYPED OKTOBRITED NAME OF SIGNONG OFFICER OR DIRECTOR		Deze	Daytime Phone #	

STREET ADDRESS