

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-05-2007 90123 001 \*\*\*\*61.25

<b>DOCUMENT # 714895</b>					
<b>1. Entity Name</b> HARBOUR TOWERS CONDOMINIUM ASSOCIATION OF NORTH PALM BEACH, INC.					
<b>Principal Place of Business</b> 907 MARINA DRIVE NORTH PALM BEACH, FL 33408			<b>Mailing Address</b> 907 MARINA DRIVE #208 NORTH PALM BEACH, FL 33408		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 907 MARINA DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #208			
<b>City &amp; State</b>		City & State NORTH PALM BEACH, FL			
<b>Zip</b>	<b>Country</b>	Zip 33408	<b>Country</b> USA	<b>4. FEI Number</b> 59-1313773	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SZYMALAK, RONALD 907 MARINA DRIVE #208 N PALM BCH, FL 33408			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
<b>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.</b>  SIGNATURE <u>Ronald Szymalak, Treas. RONALD SZYMALAK</u> 1-31-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PTD SZYMALAK, RONALD 907 MARINA DR # 208 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP/D VAN NIMWEGEN, HENRY 907 MARINA DR #408 N. PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD BANULIS, CARMEN 907 MARINA DR # 410 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PLEGER, GUS 907 MARINA DR # 402 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, JOEL 907 MARINA DR # 305 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T/D SZYMALAK, RONALD 907 MARINA DR #208 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P/D THERESE ANGREES 907 MARINA DRIVE #405 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP/D RALPH SCOTFIELD 907 MARINA DRIVE #302 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S/D RAY MARSHALL 136 LAKE SHORE DR. #812 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D/ GOULD, JOEL 907 MARINA DR # 305 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ronald Szymalak, Treas. RONALD SZYMALAK</u> 1-31-07 561-626-5270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					