


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90084 021 ****61.25

DOCUMENT # 721108	
1. Entity Name HARBOUR HILL CONDOMINIUM APARTMENTS ASSOCIATION, INC.	

Principal Place of Business 700 BEACH DRIVE, N.E. SAINT PETERSBURG, FL 33701-2646	Mailing Address 700 BEACH DRIVE, N.E. SAINT PETERSBURG, FL 33701-2646
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1428703

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent			
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KARINS, JOAN → HERB MAXWELL 700 BEACH DR NE SAINT PETERSBURG, FL 3370-2646			
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7. Name and Address of New Registered Agent			
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Name			
Street Address (P.O. Box Number is Not Acceptable)			
City	FL	Zip 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 agent.

SIGNATURE *Herbert Maxwell* **HERBERT MAXWELL** 01/07/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS			
TITLE	SD	<input type="checkbox"/> Delete	
NAME	SANTORO, LINDA J		
STREET ADDRESS	700 BEACH DR NE		
CITY-ST-ZIP	ST PETERSBURG, FL 33701		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	KARINS, JOAN		
STREET ADDRESS	700 BEACH DR NE		
CITY-ST-ZIP	ST PETERSBURG, FL 33701		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	STANTON, KAY		
STREET ADDRESS	700 BEACH DR NE 407		
CITY-ST-ZIP	ST PETERSBURG, FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	MAXWELL, HERBERT		
STREET ADDRESS	700 BEACH DR NE		
CITY-ST-ZIP	ST PETERSBURG, FL 33701		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	PEAVY, BABETTE		
STREET ADDRESS	700 BEACH DR NE		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		
TITLE	PO TREAS.	<input type="checkbox"/> Delete	
NAME	CAVINESS, ANN N		
STREET ADDRESS	700 BEACH DR. NE		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ELIZABETH JEFFRIES		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOM GLYNN		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARY PAUL		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Herbert Maxwell* **HERBERT MAXWELL** 01/07/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #