

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90020 014 ****61.25



DOCUMENT # 722936
 1. Entity Name
HARBOUR HALL CONDOMINIUM ASSOCIATION, INC., #2

Principal Place of Business Mailing Address
 658 NE 6TH COURT BUILDING 4 BOYNTON BEACH FL 33435
 658 NE 6TH COURT BUILDING 4 BOYNTON BEACH FL 33435



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1482639** Applied For Not Applicable

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
CHILDERS, ROBERT JR.
658 NE 6TH CT
B
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 Name **Shella O'Brien**
 Street Address (P.O. Box Number is Not Acceptable) **315 SW 8th Ave**
Boynton Beach, FL 33435
 City **FL** Zip Code **33435**

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 *Shella O'Brien* **Shella O'Brien / Sec-Tres.** **4/3/08**
Signature, typed or photocopied of registered agent and filed if applicable. (NOTE: Registered Agent signature and filed when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DIR	<input type="checkbox"/> Delete
NAME	VISNICKY, ERNEST	
STREET ADDRESS	658 NE 6TH COURT, #F	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	MCSPRIT, SUE	
STREET ADDRESS	658 NE 6TH COURT, #G	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	CHILDERS, JR., ROBERT J	
STREET ADDRESS	658 NE 6TH COURT, #B	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAKE, LYNN	
STREET ADDRESS	658 NE 6TH CT., A	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	Sec-Tres / DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shella O'Brien	
STREET ADDRESS	315 SW 8th Ave	
CITY-ST-ZIP	Boynton Beach, FL 33435	
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 Section 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: *Susan L. McSpirit* (Susan L. McSpirit 4/4/08 President