

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

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90027 007 ****61.25

DOCUMENT # 724133

1. Entity Name

HARBOUR HALL CONDOMINIUM ASSOCIATION, INC.#3



Principal Place of Business

**640 NE 6 CT
BOYNTON BCH FL 33435
US**

Mailing Address

**640 NE 6 CT
BOYNTON BCH FL 33435
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4010 South 57th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201

City & State

City & State

Greenwood FL

Zip

Country

Zip

Country

33463

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUMPHRIES, LINDA
637 NE 6TH COURT
L
BOYNTON BEACH FL 33435**

Name

St. John Core & Lemme

Street Address (P.O. Box Number is Not Acceptable)

1601 Forum Place, Suite 701

City

FL

Zip Code

33401

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

[Signature]

DAVID A. CORE, Secretary

March 28, 2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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	P	<input type="checkbox"/> Delete
NAME	KRASNO, WES	
STREET ADDRESS	623 NE 6TH CT #2H	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUMPHRIES, LINDA	
STREET ADDRESS	637 NE 6TH COURT APT A	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWAIN, HARRY	
STREET ADDRESS	640 NE 6TH COURT APT H	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DROVIN, GUY	
STREET ADDRESS	637 NE 6TH CT #G	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, ALFRED	
STREET ADDRESS	637 NE 6TH COURT #H	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]