

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725977

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** HARBOUR VIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

143 YACHT CLUB DR.  
N. PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

143 YACHT CLUB DR., #17  
N. PALM BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** 59-1647703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAY LEVINE, P.A.  
3300 PGA BLVD  
SUITE #530  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, MEREDITH MR.  
Address: 815 14TH ST  
City-St-Zip: LAKE PARK, FL 33403 US

Title: STD ( ) Delete  
Name: HARSHAW, DONNA MS.  
Address: 143 YACHT CLUB DR, #5  
City-St-Zip: N. PALM BEACH, FL 33408 US

Title: D ( ) Delete  
Name: DENISON, DORIS MS.  
Address: 143 YACHT CLUB DR., #6  
City-St-Zip: N. PALM BEACH, FL 33408 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: EATON, ANGELA MS.  
Address: 143 YACHT CLUB DR., #3  
City-St-Zip: N. PALM BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE DONAGHY

MGR

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date