2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2006 8:00 am Secretary of State

| | | | | | Secretary of State | | | |
|--|---|--|---------------------------------------|-----------------------|-----------------------------|------------------------|--|-------------------------------|
| DOCUMENT #731737 1. Entity Name HARBOR CLUB SOUTH CONDOMINIUM, BUILDING NO. 1, INC. | | | | | | | 90026 004 ****6 | |
| Principal Place of Business 423 SOMBRERO BEACH ROAD MARATHON, FL 33050 | | Mailing Address 423 SOMBRERO BEACH ROAD MARATHON, FL 33050 | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 07032006 (| Chg-NP | CR2E037 (4/06 | i) |
| City & State | | City & State | | 4 | 59-17119 | 30 | - | Applied For Not Applicable |
| Zip Country | | Zip | Country | 5. Certificate of Sta | | | \$9.75 Additional | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | | | | | |
| HEISS, BEVERLY W | | | Name | AL | w H | 44. | | |
| | BRERO BEACH RD 7 ON, FL 33050 | | Street A | Address (P.Q | Box Number is | S Not Acceptable BREAO | BEACH | Ro. |
| | | | City | <u> </u> | 12 | | Zi <u>p</u> Ci | ode _ |
| 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 ALAN HALL Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE | | | | | | | | |
| DATE | | | | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. | | | | | 5.00 May Be Ided to Fees | | Make check payable rida Department of | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | ADD | ITIONS/CHANG | GES TO OFFICE | RS AND DIRECTORS | IN 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VANARSDALL, DAVID 423 SOMBRERO BCH RD #12 MARATHON, FL 33050 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 423 | -4 13. | AELO 13 | each Ro. | Addition |
| TITLE | TD HEISS, BEVERLY W | Delete | TITLE NAME | TDALA | HA | | ☐ Chang | Addition |
| STREET ADDRESS CITY-ST-ZIP | 423 SOMBRERO BCH RD 7 MARATHON, FL 33050 | | STREET ADDRESS CITY-ST-ZIP | 423 | SOMBA | | BCH RD. | |
| TITLE | VP | ☐ Delete | TITLE | PD | 9K A THOM | 0,12 | 33050 | Addition |
| NAME | MEADE, ELLIN | Li Delete | NAME | | | | Change | Addition |
| STREET ADDRESS | 423 SOMBRERO BCH RD #1 | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MARATHON, FL 33050 | | CITY-ST-ZIP | | | | | |
| TITLE NAME | SD HOVLAND, MARY ANN | ☐ Delete | TITLE NAME | | Λ | | O . St Change | Addition |
| STREET ADDRESS | 2205 ANZLARS DR S | | STREET ADDRESS | 220 | 5 AN | IGLERS | Λ δ. | |
| CITY-ST-ZIP | MARATHON, FL 33050 | | CITY-ST-ZIP | | | | | |
| TITLE | BOD | ⊯ Delete | TITLE | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | VAIL, KENNETH 423 SOMBRERO BCH RD #08 | | name Street address | | | | | |
| CITY-ST-ZIP | MARATHON, FL 33050 | | CITY-ST-ZIP | | | | | |
| TITLE | BOD | ☐ Delete | TITLE | UP |) | · | Change | Addition |
| NAME CTREET ADDRESS | SCHWARTZ, RICHARD | | NAME | | | | | |
| STREET ADDRESS City-St-Zip | 423 SOMBRERO BEACH RD #2 MARATHON, FL 33050 | | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/06 937.4

Daytime Phone #