



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90038 017 ****61.25

94041526



DOCUMENT # 732464					
1. Entity Name HARBOUR HOUSE CONDOMINIUM, INC.					
Principal Place of Business 1217 SOMBRERO BLVD. MARATHON, FL 33050 US		Mailing Address P.O. BOX 500268 MARATHON, FL 33050-0268 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1706286	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUTCHFIELD, KAREN 1217 SOMBRERO BLVD UNIT 13 MARATHON, FL 33050			Name DIAS JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 1217 SOMBRERO BLVD UNIT 14 City MARATHON FL Zip Code 33050		
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, 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, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUTCHFIELD, KAREN		NAME	DIAS JEFFREY S.	
STREET ADDRESS	1217 SOMBRERO BLVD UNIT 13		STREET ADDRESS	1217 SOMBRERO BLVD UNIT 14	
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, ROSE		NAME	KRUTCHIK MARVIN	
STREET ADDRESS	1217 SOMBRERO BLVD. STE 11		STREET ADDRESS	1217 SOMBRERO BLVD UNIT 24	
CITY-ST-ZIP	MARATHON, FL		CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOTT, D. N		NAME	SCHNEIDER PHILIP	
STREET ADDRESS	1217 SOMBRERO BLVD. STE 22		STREET ADDRESS	1217 SOMBRERO BLVD UNIT 21	
CITY-ST-ZIP	MARATHON, FL		CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKER, SHIRLEY		NAME		
STREET ADDRESS	1217 SOMBRERO BLVD		STREET ADDRESS		
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		Date		Daytime Phone #	
		3/14/04		508 636 8477	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					