


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90248 031 \*\*\*\*61.25

<b>DOCUMENT # 732464</b> 1. Entity Name HARBOUR HOUSE CONDOMINIUM, INC.	
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Principal Place of Business 1217 SOMBERO BLVD MARATHON, FL 33050 US	Mailing Address P.O. BOX 500268 MARATHON, FL 33050-0268 US
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**20040020**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04052005 Chg-NP CR2E037 (10/03)

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  DIAS, JEFFREY S 1217 SOMBRERO BLVD UNIT 14 MARATHON, FL 33050	7. Name and Address of New Registered Agent Name <u>HAYDEN CRUTCHFIELD</u> Street Address (P.O. Box Number is Not Acceptable) <u>1217 SOMBRERO BLVD UNIT 13</u> City <u>MARATHON</u> FL Zip Code <u>33050</u>

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] DATE 4/7/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAS, JEFFREY S 1217 SOMBERO BLVD UNIT 14 MARATHON, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CRUTCHFIELD, HAYDEN O 1217 SOMBRERO BLVD, UNIT 13 MARATHON FL 33050
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORSE, ROSE 1217 SOMBRERO BLVD. STE 11 MARATHON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TREVATHAN, ANDREW 1217 SOMBRERO BLVD UNIT 35 MARATHON, FL 33050
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOTT, D. N 1217 SOMBRERO BLVD. STE 22 MARATHON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KRUTCHIK, MARVIN 1217 SOMBERO BLVD UNIT 24 MARATHON, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHNEIOER, PHILIP 1217 SOMBERO BLVD UNIT 21 MARATHON, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOARD MEMBER AMSLER, MARK 1217 SOMBRERO BLVD, UNIT 31 MARATHON, FL 33050
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] HAYDEN CRUTCHFIELD PRES. DATE: 3/31/05 DAYTIME PHONE #: 361 820-3198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #