

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90040 001 \*\*\*\*61.25

**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**

**40010650**



01032007 Chg-NP CR2E037 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-1706286**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORSE, PAM  
1217 SOMBRERO BLVD  
UNIT 11  
MARATHON, FL 33050**

Name

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

City

**FL**

Zip Code

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, 2007**

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 DBM ☐ Delete  
NAME CRUTCHFIELD, HAYDEN D  
STREET ADDRESS 1217 SOMBRERO BLVD, UNIT 13  
CITY-ST-ZIP MARATHON, FL 33050

TITLE S ☐ Delete  
NAME ANSLER, BARB  
STREET ADDRESS 1217 SOMBRERO BLVD UNIT 31  
CITY-ST-ZIP MARATHON, FL 33050

TITLE DVP ☐ Delete  
NAME LOTT, D. N  
STREET ADDRESS 1217 SOMBRERO BLVD. STE 22  
CITY-ST-ZIP MARATHON, FL

TITLE DT ☐ Delete  
NAME KAUTCHIK, MARVIN  
STREET ADDRESS 1217 SOMBERO BLVD UNIT 24  
CITY-ST-ZIP MARATHON, FL 33050

TITLE DBM ☐ Delete  
NAME AMSCER, MARK  
STREET ADDRESS 1217 SOMBRERO BLVD, UNIT 31  
CITY-ST-ZIP MARATHON, FL 33050

TITLE DBM ☐ Delete  
NAME CACERES, MAGGIE  
STREET ADDRESS 1217 SOMBRERO BLVD UNIT 26  
CITY-ST-ZIP MARATHON, FL 33050

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

Date

Daytime Phone #

*Samuel Morse* President H/H 2/2/07 440-352-2600