


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 740480 1. Entity Name HARBOUR HOUSE CONDOMINIUM AT OCEAN REEF, INC.			
Principal Place of Business 10 BARRACIDA LANE KEY LARGO, FL 33037 US		Mailing Address 10 BARRACIDA LANE KEY LARGO, FL 33037 US	
2. Principal Place of Business - No P.O. Box # 35 OCEAN REEF DR Suite, Apt. #, etc. #138		3. Mailing Address 35 OCEAN REEF DR Suite, Apt. #, etc. #138	
City & State KEY LARGO, FL		City & State KEY LARGO, FL	
Zip 33037	Country US	Zip 33037	Country US
4. FEI Number 59-1900458		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 MOSS, EVELYN 10 BARRACUDA LANE KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name CSI MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 35 OCEAN REEF DR #138 City KEY LARGO FL Zip Code 33037	
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 <i>Tomas Rementeria</i> Signature, typed or printed name of registered agent and title if applicable.		TOMAS REMENTERIA (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	DVP ROASEAU, LAWRENCE 10 BARRACUDA LANE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROASEAU, LAWRENCE 35 OCEAN REEF DR #138 KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, ROBERT 10 BARRACUDA LANE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETZ, MICHAEL 35 OCEAN REEF DR #138 KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETZ, MICHAEL 10 BARRACUDA LANE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUBINO, FRANK 35 OCEAN REEF DR #138 KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBINO, FRANK 10 BARRACUDA LANE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ANGEL 35 OCEAN REEF DR #138 KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POA MOSS, EVELYN 10 BARRACUDA LANE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWMAN, STUART 35 OCEAN REEF DR #138 KEY LARGO, FL 33037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ANGEL 10 BARRACUDA LANE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>X Michael Betz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Michael Betz / President Date 8/5/08 Daytime Phone # 305-367-9160	

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