

**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

06 MAY 22 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40074085



DOCUMENT # 743389			
1. Entity Name FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2350 WEST FIRST STREET FT. MYERS, FL 33901 US		Mailing Address 2350 WEST FIRST STREET FT. MYERS, FL 33901 US	
2. Principal Place of Business		3. Mailing Address 1700 Winkler Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #2	
City & State		City & State Ft. Myers, FL	
Zip	Country	Zip	Country
		33919	US
4. FEI Number NOT APPLICABLE		Applied For 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	
ROE, JAMES S 17541 HOLLY OAK AVE FORT MYERS, FL 33912		Name Alliant Property Mgmt	
		Street Address (P.O. Box Number is Not Acceptable) 1700 Winkler Rd #2	
		City Ft. Myers	
		State FL	
		Zip 33919	
8. The above named entry 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		DATE 4.26.06	
Signature of individual or principal name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)	
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			
TITLE	P	<input type="checkbox"/> Delete	
NAME	ROE, JAMES S		
STREET ADDRESS	17541 HOLLY OAK AVE		
CITY-ST-ZIP	FORT MYERS, FL 33912		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	EDWARDS, PHYLLIS		
STREET ADDRESS	2350 WEST FIRST ST. #805		
CITY-ST-ZIP	FORT MYERS, FL 33901		
TITLE	S	<input type="checkbox"/> Delete	
NAME	FIKE, SUSAN		
STREET ADDRESS	1925 CLIFFORD DR #801		
CITY-ST-ZIP	FT. MYERS, FL 33901		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	KIRBY, SHIRLEY		
STREET ADDRESS	2350 W. FIRST #1504		
CITY-ST-ZIP	FORT MYERS, FL 33901		
TITLE	S	<input type="checkbox"/> Delete	
NAME	CONNOR, JAMES J JR		
STREET ADDRESS	2350 W FIRST ST., APT. 505		
CITY-ST-ZIP	FT MYERS, FL 33901		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:		DATE 4.26.06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 889/451-1101	