

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743389

FILED
Mar 11, 2008
Secretary of State

Entity Name: FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2350 WEST FIRST STREET
FT. MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1848
FT MYERS, FL 339902

New Mailing Address:

FEI Number: 59-1115810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MGT., INC.
P. O. BOX 1848
FORT MYERS, FL 33902 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
P. O. BOX 1848
FORT MYERS, FL 33902 US

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.

SIGNATURE: LEE J. VAN TILBURG

03/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAXWELL, LIBBY
Address: 2350 WEST FIRST STREET #606
City-St-Zip: FORT MYERS, FL 33901

Title: VPD () Delete
Name: MCARDLE, GERI
Address: 2350 WEST FIRST STREET #202
City-St-Zip: FORT MYERS, FL 33901

Title: STD () Delete
Name: NAU, DR. DOUGLAS
Address: 2350 WEST FIRST STREET #303
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: EDWARDS, PHYLLIS
Address: 2350 WEST FIRST STREET #804
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: MARRA, JAMES
Address: 2350 WEST FIRST STREET #702
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MCARDLE, GERI DR
Address: 2350 WEST FIRST STREET #202
City-St-Zip: FORT MYERS, FL 33901

Title: STD (X) Change () Addition
Name: NAU, DOUGLAS DR
Address: 2350 WEST FIRST STREET #303
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: EDWARDS, PHYLLIS
Address: 2350 WEST FIRST STREET #805
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIBBY MAXWELL

PD

03/11/2008

Electronic Signature of Signing Officer or Director

Date