

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746306

FILED
May 03, 2004
Secretary of State**Entity Name:** THE HARBOUR CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**11339 OAK LANDINGS DR.
JACKSONVILLE, FL 32225 US**New Principal Place of Business:**4224 LEEWARD POINT
JACKSONVILLE, FL 32225 US**Current Mailing Address:**11339 OAK LANDINGS DR.
JACKSONVILLE, FL 32225 US**New Mailing Address:**4224 LEEWARD POINT
JACKSONVILLE, FL 32225 US**FEI Number:** 59-3072685**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEDBETTER, DAVID P
1139 OAK LANDINGS DR
JACKSONVILLE, FL 32225 US**Name and Address of New Registered Agent:**MARSHALL, ELSA S
4224 LEEWARD POINT
JACKSONVILLE, FL 32225 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: ELSA S. MARSHALL

05/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: V () Delete
Name: JONES, ARTHUR
Address: 11443 RIVER KNOLL
City-St-Zip: JAX, FL 32225Title: SD () Delete
Name: HYDER, KURT
Address: 11354 HARBOUR WOODS RD S
City-St-Zip: JAX, FL 32225Title: T () Delete
Name: LEDBETTER, DAVID P
Address: 11339 OAK LANDINGS DR
City-St-Zip: JACKSONVILLE, FL 32225Title: CD (X) Delete
Name: JOHNSON, TERRY E
Address: 4205 HARBOUR WOODS ROAD WEST
City-St-Zip: JACKSONVILLE, FLTitle: PD (X) Delete
Name: RUSSO, SUSAN
Address: 4130 HARBOUR WOODS RD W
City-St-Zip: JACKSONVILLE, FL 32225**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change () Addition
Name: LEARY, WALTER
Address: 11443 RIVER KNOLL
City-St-Zip: JAX, FL 32225Title: SEC (X) Change () Addition
Name: RUSSO, SUSAN
Address: 4130 HARBOUR WOODS RD WEST
City-St-Zip: JAX, FL 32225Title: TRES (X) Change () Addition
Name: MARSHALL, ELSA S
Address: 4224 LEEWARD POINT
City-St-Zip: JACKSONVILLE, FL 32225Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELSA MARSHALL

TRES

05/03/2004

Electronic Signature of Signing Officer or Director

Date