

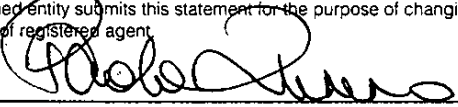
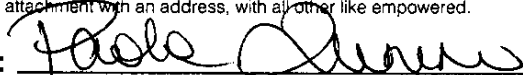


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90024 025 ****61.25

DOCUMENT # 748989					
1. Entity Name HARBOUR CASTLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2799 DEL PRADO BLVD NORTH FORT MYERS, FL 33903			Mailing Address PO BOX 151845 CAPE CORAL, FL 33915		
2. Principal Place of Business - No P.O. Box # 1319 MIRAMAR ST Suite, Apt. #, etc. # 100		3. Mailing Address 1319 MIRAMAR ST Suite, Apt. #, etc. # 100			
City & State CAPE CORAL		City & State CAPE CORAL			
Zip 33904	Country U.S.A	Zip 33904	Country U.S.A		
4. FEI Number 59-2067511			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 ZUNINO, PAOLA 2799 DEL PRADO BLVD NORTH FORT MYERS, FL 33903			7. Name and Address of New Registered Agent Name: GPM INC - PAOLA ZUNINO Street Address (P.O. Box Number is Not Acceptable): 1319 MIRAMAR ST # 100 CAPE CORAL FL Zip Code 33904		
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:  DATE: 3/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, JAMES		NAME		
STREET ADDRESS	1322 SE 40TH ST #B-7		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCANZILLO, JAMES		NAME		
STREET ADDRESS	1404 SE 40TH STREET, #A-1		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOHUT, ELEANOR		NAME		
STREET ADDRESS	1404 SE 40TH ST A-5		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, ROSANNE		NAME		
STREET ADDRESS	1322 SE 40TH ST #B-7		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTAGNINO, KATHRYN		NAME		
STREET ADDRESS	1322 SE 40TH ST # B-4		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 3/10/08 (239) 542-7712		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					