2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 23, 2007 08:00 All Secretary of State DOCUMENT #-754512 1. Entity Name HARBOUR'S EDGE OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 4010 THOMAS DR DAVID DURNBAUGH PANAMA CITY BEACH FL 32408-4394 8623 N LAGOON DR D-6 PANAMA CITY BEACH FL 32408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 59-2771313 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DURNBAUGH, DAVID Street Address (P.O. Box Number is Not Acceptable) 8623 N. LAGOON DR. D-6 PANAMA CITY BEACH FL 32408 City Zip Code 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 edistared agent and title if applicable (NOTE: Registered Agent signature requ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. HILE SDT ☐ Detete HILE Change Addition NAME DURNBAUGH, DAVID NAME U00000725957 STREET ADDRESS STREET ADDRESS 4010 THOMAS DRIVE 05/03/07-80044-007 61.25 PANAMA CITY BEACH FL 32408 CITY - ST-7IP CITY-ST-ZIP ☐ Delele ☐ Change Addition TITLE TITLE NAME STARR, BRENDA NAME STREET ADDRESS 4010- THOMAD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32408 ☐ Delete IIILE Change Addition TITLE NAME NAME CHRISTERSTON, VERNER STREET ADDRESS STREET ADDRESS 4010 THOMAS DR., #108 CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL 32408 ☐ Delete ☐ Addition TITLE THIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP THILE Delete HTLC Change ☐ Addillon NAME STREET ADDRESS STRI ET 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 Section 119, Florida Statutes, 1 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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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.

FILED