


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90184 044 \*\*\*\*61.25

<b>DOCUMENT # 758703</b> 1. Entity Name <b>CLUB HARBOUR CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>511 S.E. 43RD ST CAPE CORAL, FL 33904 US</b>			Mailing Address <b>P O BOX 100831 CAPE CORAL, FL 33910 US</b>		
2. Principal Place of Business <b>c/o American Condo Mgmt</b>		3. Mailing Address <b>c/o American Condo Mgmt</b>			
Suite, Apt. #, etc. <b>615 Cape Coral Pkwy W #103</b>		Suite, Apt. #, etc. <b>P.O. Box 100399</b>			
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>			
Zip <b>33914</b>		Country <b>US</b>		Zip <b>33910</b>	
Country <b>US</b>		4. FEI Number <b>59-2631490</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>TEAGUE, GEORGE C/O PROFESSIONALLY YOURS, INC 3270 COLLEGE PKWY. #103 FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name <b>SUSAN KASE</b> Street Address (P.O. Box Number is Not Acceptable) <b>615 Cape Coral Pkwy W #103</b> City <b>FL</b> Zip Code <b>33914</b>		
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 <b>Susan Kase</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <b>Susan Kase</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>4/26/06</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASTERS, NORMA JEAN 511 SE 43RD ST. #204 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAYER, RALPH 511 SE 43RD ST #205 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASKERA, PAUL 511 SE 43RD STREET #202 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, PHILIP 511 SE 43RD STREET #103 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'CONNOR, PATRICK E 10522 S. ALBANY CHICAGO, IL 60655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <b>Philip O'Brien</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	