2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 758703

Entity Name: CLUB HARBOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY WEST SUITE 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY WEST SUITE 103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 59-2631490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN
615 CAPE CORAL PKWY WEST
SUITE 103
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MASTERS, NORMA JEAN
Address: 511 SE 43RD ST. #204
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD ( ) Delete
Name: BAYER, RALPH
Address: 511 SE 43RD ST #205
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D ( ) Delete
Name: BASKERA, PAUL
Address: 511 SE 43RD STREET #202
City-St-Zip: CAPE CORAL, FL 33904 US

Title: PD ( ) Delete
Name: O'BRIEN, PHILIP
Address: 511 SE 43RD STREET #103
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TD ( ) Delete
Name: O'CONNOR, PATRICK E
Address: 10522 S. ALBANY
City-St-Zip: CHICAGO, IL 60655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) 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 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: PHILIP OBRIEN PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date