

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90088 038 \*\*\*\*61.25

**DOCUMENT # 760626**

1. Entity Name  
**HARBOR POINT ASSOCIATION, INC.**



Principal Place of Business  
5000 N. OCEAN DRIVE  
SINGER ISLAND, FL 33404 US

Mailing Address  
5000 N. OCEAN DRIVE  
SINGER ISLAND, FL 33404 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1097949

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JAY  
3300 PGA BLVD. #970  
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD  
NAME ST JOHN, DAVID  
STREET ADDRESS 5000 N OCEAN DR  
CITY-ST-ZIP SINGER ISLAND, FL 33404 ☐ Delete

TITLE D  
NAME BROOKMEYER, GARY  
STREET ADDRESS 5000 N OCEAN DR  
CITY-ST-ZIP SINGER ISLAND, FL 33404 ☒ Delete

TITLE PD  
NAME ST JOHN, LEON  
STREET ADDRESS 5000 N OCEAN DR  
CITY-ST-ZIP SINGER ISLAND, FL 33404 ☒ Delete

TITLE D  
NAME SMITH, MATTHEW  
STREET ADDRESS 5000 N OCEAN DR  
CITY-ST-ZIP SINGER ISLAND, FL 33404 ☐ Delete

TITLE SD  
NAME VORHEES, NAN  
STREET ADDRESS 5000 N. OCEAN DR  
CITY-ST-ZIP SINGER ISLAND, FL 33404 ☒ Delete

TITLE T  
NAME HALL, RANDALL B  
STREET ADDRESS 6797 BAYSHORE  
CITY-ST-ZIP LAKE WORTH, FL 33462 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME GLORIA BERNARD  
STREET ADDRESS 5000 N. OCEAN DRIVE, #109  
CITY-ST-ZIP RIVIERA BEACH, FL 33404 ☐ Change ☒ Addition

TITLE VP  
NAME JOEL MAGEE  
STREET ADDRESS 314 INLET WAY, #203  
CITY-ST-ZIP PALM BEACH SHORES, 33404 ☐ Change ☒ Addition

TITLE S, T  
NAME GALE BUMPUS  
STREET ADDRESS 5000 N. OCEAN DRIVE, #201  
CITY-ST-ZIP RIVIERA BEACH, FL 33404 ☐ Change ☒ Addition

TITLE D  
NAME MATTHEW SMITH  
STREET ADDRESS 6 GRAEMDOR TERRACE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 ☒ Change ☐ Addition

TITLE D  
NAME DAVID ST. JOHN  
STREET ADDRESS 1601 FORUM PLACE, STE. 701  
CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE: Gale H. Bumpus Secretary/Treasurer 1/17/07 561 8636100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #