


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90039 032 \*\*\*\*61.25

<b>DOCUMENT # 760626</b> 1. Entity Name <b>HARBOR POINT ASSOCIATION, INC.</b>					
Principal Place of Business <b>5000 N. OCEAN DRIVE</b> <b>SINGER ISLAND, FL 33404 US</b>			Mailing Address <b>5000 N. OCEAN DRIVE</b> <b>SINGER ISLAND, FL 33404 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEVINE, JAY</b> <b>3300 PGA BLVD. #970</b> <b>PALM BEACH GARDENS, FL 33410</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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"/>		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <b>\$5.00</b> May Be Added to Fees         </div> <div> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input checked="" type="checkbox"/> <del>VD</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ST JOHN, DAVID</b>		NAME	<b>ST. JOHN, DAVID</b>	
STREET ADDRESS	<b>5000 N OCENA DR</b>		STREET ADDRESS	<b>1601 FORUM PLACE, #701</b>	
CITY-ST-ZIP	<b>SINGER ISLAND, FL 33404</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BERNARD, GLORIA</b>		NAME		
STREET ADDRESS	<b>5000 N. OCEAN DRIVE #109</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RIVERA BEACH, FL 33404</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAGEE, JOEL</b>		NAME		
STREET ADDRESS	<b>314 INLET WAY # 203</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH SHORES, FL 33404</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> <del>Delete</del>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SMITH, MATTHEW</b>		NAME	<b>RANDALL HALL</b>	
STREET ADDRESS	<b>5000 N OCEAN DR</b>		STREET ADDRESS	<b>6797 BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>SINGER ISLAND, FL 33404</b>		CITY-ST-ZIP	<b>LANTANA, FL 33462-3901</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BUMPUS, GALE</b>		NAME	<b>SECRETARY</b>	
STREET ADDRESS	<b>5000 N. OCEAN DRIVE # 201</b>		STREET ADDRESS	<b>TITLE - NO</b>	
CITY-ST-ZIP	<b>RIVERA BEACH, FL 33404</b>		CITY-ST-ZIP	<b>LONGER</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> <del>Delete</del>	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SMITH, MATTHEW</b>		NAME	<b>DIRECTOR</b>	
STREET ADDRESS	<b>6 GRAEMOOR TERRACE</b>		STREET ADDRESS	<b>ST. JOHN, LEON</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>		CITY-ST-ZIP	<b>5000 N. OCEAN DRIVE, #105</b>	
				<b>RIVERA BEACH, FL 33404</b>	
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: <i>Gale H. Bumpus</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>1/30/08</b> Daytime Phone: <b>561.844.5738</b>		

**GALE H. BUMPUS, SECRETARY, 1/30/08**

ATTACHMENT

# 40016843  
760626

Additional director for Harbor Point Association

Document # 760626

Director

Teich, Wesley

11381 Prosperity Farms Road

Palm Beach Gardens, FL 33410