

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761673

FILED
Apr 08, 2009
Secretary of State

Entity Name: SOUTH HARBOUR ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ANCHOR DR. ENTRANCE
P. O. BOX 372534
INDIAN HARBOR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372534
SATELLITE BEACH, FL 329370534 US

New Mailing Address:

FEI Number: 59-2824303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOFFER, LUCILLE
74 ANCHOR DR.
INDIAN HARBOUR BEACH, FL 32937 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: PD () Delete
Name: SPINNEY, GORDON
Address: 54 ANCHOR DR.
City-St-Zip: INDIAN HARBOR, FL 32937

Title: TD () Delete
Name: STOFFER, LUCILLE
Address: 74 ANCHOR DRIVE
City-St-Zip: INDIAN HARBOR BEACH, FL

Title: D () Delete
Name: BRADFORD, JACK
Address: 52 ANCHOR DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D (X) Delete
Name: SPINNEY, GORDON
Address: 54 ANCHOR DR.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SECY (X) Change () Addition
Name: GROSS, SHARON
Address: 105 ANCHOR DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: LUCILLE STOFFER

TREA

04/08/2009

Electronic Signature of Signing Officer or Director

Date