

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90035 003 ****61.25

DOCUMENT # 766271 1. Entity Name HARBOUR POINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4263-4265 BAY BEACH LANE FT. MYERS BEACH, FL 33931-4938 US			Mailing Address 4263-4265 BAY BEACH LANE FT. MYERS BEACH, FL 33931-4938 US		
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	4. FEI Number 59-2292065 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOIRIGAN, MARK 4263 BAY BEACH LANE FT. MYERS BEACH, FL 33931			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRAWFORD, LESLIE R 4265 BAY BEACH LANE #126 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MEMLER, ALLAN R 4263 BAY BEACH LANE #411 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WELTON, ROGER S 4263 BAY BEACH LANE #114 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ABEY, MARY A 4265 BAY BEACH LANE #626 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD PEARSON, BILL 4263 BAY BEACH LANE #1012 FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD THEIS, ROBERT H 4263 BAY BEACH LANE #515 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD Lamport, John 4265 Bay Beach Lane #0122N Fort Myers Beach, FL 33931	<input checked="" 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.					
SIGNATURE: <i>Leslie Crawford</i> 2-16-07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					