## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 08, 2008 8:00 am Secretary of State **DOCUMENT # 766989** 1. Entity Name 05-08-2008 90012 021 \*\*\*\*61.25 HARBOR WALK ONE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2220 S. FRONT STREET, BOX 18 MELBOURNE FL 32901 2220 S. FRONT STREET, BOX 18 MELBOURNE FL 32901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & Ste 4. FEI Number Applied For 59-2338195 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARK CANNON ADAMS, DONALD Street Address (P.O. Box Number is Not Acceptable) 2320 FRONT ST UNIT 2220 FRONT ST **UNIT 404** MELBOURNE FL 32901 Zip Code 32901 Melborne 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 negre of requisit red ament and their applicable. (NOTE: Registered Agent signature required when reinstaund) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 $\Box$ Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition ADAMS, DONALD NAME NAME 2220 FRONT ST UNIT 404 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZiP VPB-THUE ☐ Delete TITLE 8 PD Change ☐ Addition HAHLE, DONNA NAME NAME 2220 FRONT ST UNIT 401 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition NAME DENNEHY, LIZ NAME 2220 FRONT ST. UNIT 303 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-7/P CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CANNON, MARK NAME NAME **2220 FRONT ST UNIT 402** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NbD Addition OLSEN, CAROL NAME NAME 2220 FRONT ST UNIT 301 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LISA ADAMS NAME NAME 2220 FRONT ST UNIT 404 STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another with all other ke empowered.

CITY-ST-ZIP

SIGNATURE:

32901

MELBOURMS FL

21 APR 2008 321-652-1165

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