2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767600

FILED Mar 20, 2008 Secretary of State

Entity Name: HARBOR POINTE CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11902 RA ГАМРА, F	CE TRACK RC :L 33626)AD			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
11902RAC TAMPA, F	CE TRACK RO EL 33626	AD			
El Number	: 59-2273371	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	CE TRACK RO	_			
	e named entity : e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
Γitle: √ame: √ddress:) Delete MAS DR #304	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	DVP () MCCOLE, THO 460 S. PAULA DUNEDIN, FL) Delete MAS DR #304 34698) Delete SHARON DR #107	Title: Name: Address:		
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip:	DVP () MCCOLE, THO 460 S. PAULA DUNEDIN, FL DT () HOLGERSON, 460 S. PAULA DUNEDIN, FL) Delete MAS DR #304 34698) Delete SHARON DR #107 34698) Delete DR #104	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Address:	DVP () MCCOLE, THO 460 S. PAULA DUNEDIN, FL DT () HOLGERSON, 460 S. PAULA DUNEDIN, FL DP () DUTTON, NEIL 460 S. PAULA DUNEDIN, FL) Delete MAS DR #304 34698) Delete SHARON DR #107 34698) Delete DR #104 34698) Delete DR #104 34698	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: NEIL DUTTON DP 03/20/2008