
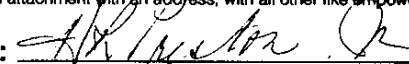


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90076 039 ****61.25

DOCUMENT # N00000000069 1. Entity Name THE HARBOUR RIDGE BIRDING SOCIETY, INC.					
Principal Place of Business 12600 HARBOUR RIDGE BLVD PALM CITY, FL 34990			Mailing Address 12600 HARBOUR RIDGE BLVD PALM CITY, FL 34990		
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 65-1021512	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRESTON, RUSSELL H. JR 12600 HARBOUR RIDGE BLVD C/O HARBOUR RIDGE YACHT & COUNTRY CLUB PALM CITY, FL 34990				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENN, KATHARINE 1618 BUTTINBASH DR PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D SENN, KATHARINE 1618 BUTTINBASH CIRCLE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRESTON, H RUSSELL JR 2558 SEAGRASS DR PALM CITY, FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2578 NW SEAGRASS DR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, MIKE 1308 LAKEWOOD TERR PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD 1506 LANCEWOOD TERR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOSHINO, PATRICIA 13204 HARBOUR BLVD PALM CITY, FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13204 HARBOUR RIDGE BLVD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALEY, CORINNE 12498 HARBOUR RIDGE BLVD PALM CITY, FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCH, PAT 12831 CINNOMON WAY PALM CITY, FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 			1/15/2008 772 536-1423		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		