2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000246

FILED Apr 30, 2008 Secretary of State

Entity Name: PROSPERITY HARBOR NORTH TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
275 TONEY PENNA DR				1061 E. INDIANTOWN ROAD		
SUITE 7 JUPITER, F	FL 33458 US	3		SUITE 410 JUPITER, FL 33477	US	
Current Mailing Address:				New Mailing Address:		
75 TONE	Y PENNA DR			1061 E. INDIANTOWN	ROAD	
SUITE 7 JUPITER, F		3		SUITE 410 JUPITER, FL 33477	US	
El Number:		FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:		Name and Address of	New Registered Agent:	
		3			3	
KUNKLE, CRAIG 275 TONEY PENNA DR				KUNKLE, CRAIG 1061 E. INDIANTOWN ROAD		
SUITE 7				SUITE 410		
JUPITER, F	FL 33458 US			JUPITER, FL 33477 US		
The above n the State		bmits this statement for the pu	rpose o	of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/30/2008		
	Electronic	Signature of Registered Agen	ıt		Date	
OFFICERS	AND DIRECTO	ORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Γitle:	V ()D	Pelete		Title:	() Change () Addition	
Name:	MITCHELL, SHIRI			Name:		
Address: Dity-St-Zip:	740 CABLE BEAC NORTH PALM BE			Address: City-St-Zip:		
,				,		
Γitle:	* *	Delete			() Change () Addition	
√ame: √ddress:	727 CABLE BEAC			Name: Address:		
City-St-Zip:	NORTH PALM BE			City-St-Zip:		
Γitle:	T ()D	Pelete		Title: (() Change () Addition	
Name:	GALLAGHER, ELI			Name:	() Shange () / Mainton	
\ddress:	738 CABLE BEAC			Address:		
City-St-Zip:	NORTH PALM BE	ACH, FL 33410		City-St-Zip:		
Γitle:	D ()D	Pelete		Title: (() Change () Addition	
Name:	MENAKER, WAYN	NE		Name:		
\ddress:	705 CABLE BEAC			Address:		
City-St-Zip:	NORTH PALM BE	ACH, FL 33410		City-St-Zip:		
Γitle:	` '	Pelete			() Change () Addition	
Name:	BOYLE, MARIE			Name:		
Address: Dity-St-Zip:	743 GABLE BEAC NORTH PALM BE			Address: City-St-Zip:		
<i>y</i> —-r		•		- '		

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: BOYLE, MARIE	Р	04/30/2008
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