2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N00000000246

Entity Name: PROSPERITY HARBOR NORTH TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

1061 E. INDIANTOWN ROAD
SUITE 410
JUPITER, FL 33477 US

New Principal Place of Business:

Current Mailing Address:

1061 E. INDIANTOWN ROAD
SUITE 410
JUPITER, FL 33477 US

New Mailing Address:

FEI Number: 65-0975245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUNKLE, CRAIG
1061 E. INDIANTOWN ROAD
SUITE 410
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: MITCHELL, SHIRL
Address: 740 CABLE BEACH LANE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: S ( ) Delete
Name: COLLINS, BRENDAN
Address: 727 CABLE BEACH LANE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: T ( ) Delete
Name: GALLAGHER, ELLEN
Address: 738 CABLE BEACH LANE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: D ( ) Delete
Name: MENAKER, WAYNE
Address: 705 CABLE BEACH LANE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: P ( ) Delete
Name: BOYLE, MARIE
Address: 743 GABLE BEACH LN
City-St-Zip: NORTH PALM BEACH, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MITCHELL, SHIRL
Address: 740 CABLE BEACH LANE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARIE BOYLE PD 03/18/2009
Electronic Signature of Signing Officer or Director — Date