

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90199 031 ****61.25

DOCUMENT # N00000001061 1. Entity Name HARBOR COVE NEIGHBORHOOD ASSOCIATION, INC.		Secretary of State 04-28-2006 90199 031 ****61.25																									
Principal Place of Business RESIDENTIAL REALTY GROUP 2 HARVARD CIRCLE STE 100 WEST PALM BEACH, FL 33409		Mailing Address RESIDENTIAL REALTY GROUP 2 HARVARD CIRCLE STE 100 WEST PALM BEACH, FL 33409																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
6. Name and Address of Current Registered Agent RESIDENTIAL REALTY GROUP 2 HARVARD CIRCLE SUITE 100 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																									
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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>DATE 4/20/06</div></div>																											
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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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:		DATE: 4/25/06 President																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																									