2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# N00000004214

Entity Name: HARBOUR COVE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2404 COCHRAN ROAD
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

2404 COCHRAN ROAD
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 52-2371166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, JACK G
502 HARMON AVE.
PANAMA CITY BEACH, FL 32401 US

Name and Address of New Registered Agent:

GREEN, JOHN R
24 WEST 8TH STREET
PANAMA CITY, FL 32401 US

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: JOHN R GREEN 05/10/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PONS, MICHAEL
Address: 2404 COCHRAN RD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D ( ) Delete
Name: GORTEMOLLER, DEXTER
Address: 924 LIGHTHOUSE LAGOON CT
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: STD ( ) Delete
Name: DAVIS, DEBBIE
Address: 941 LIGHTHOUSE LAGOON CT
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL PONS PD 05/10/2007
Electronic Signature of Signing Officer or Director Date