

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004214

FILED
Apr 15, 2008
Secretary of State

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:

16500 PCB PKWY.
SUITE B
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

2404 COCHRAN ROAD
PANAMA CITY BEACH, FL 32408

New Mailing Address:

PO BOX 7781
PANAMA CITY BEACH, FL 32413

FEI Number: 52-2371166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DUNN ASSOCIATION MANAGEMENT PARTNERS, LLC
16500 PCB PKWY
SUITE B
PANAMA CITY BEACH, FL 32413 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: GARY DUNN

04/15/2008

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: GORTMOLLER, 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: GARY DUNN

MGR

04/15/2008

Electronic Signature of Signing Officer or Director

Date