## 2008 NOT-FOR-PROFIT CORPORATION

## Apr 23, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N00000005793 04-23-2008 90031 032 \*\*\*\*61.25 HARBOR ISLAND AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2501 27TH AVENUE, SUITE F-11 P.O. BOX 650429 VERO BEACH, FL 32960 VERO BEACH, FL 32965 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 65-1062473 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AR. CHOICE MANAGEMENT RULE, LISA A 2501 27TH AVENUE, SUITE F-11 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32960 333 17th STREET SUITE 2L Zip Code **329 & D** VERO BEAC 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 agen SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 · 10. 11. TITLE **Delete** $\mathcal{P}_{\mathsf{b}}$ TITLE ☐ Change Addition SLAVEN, DAVID 333 17 TO STREET, SUITE 2L CREEKMORE, ROSS NAME NAME STREET ADDRESS 2501 27TH AVENUE, SUITE F-11 STREET ADDRESS VERO BEACH, FL 32960 'CITY-SI-ZIP CITY-S1-ZIP VERO BEACH, FL 32960 TITLE Delete Change ☐ Addition SCHREGAROUS, RALPH SCHREGARDUS, RALPH B NAME NAME 333 17th STREET, SUITERL 2501 27TH AVENUE, SUITE F-11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP VERED BEACH FL 32960 TITLE Delete TITLE ☐ Change ☐ Addition RULE, LISA NAME NAME STREET ADDRESS 2501 27TH AVENUE, SUITE F-11 STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZiP CITY-ST-ZIP ΜÞ TITLE Delete TITLE **☑** Change Addition LOEWINGER, MARCIA NAME lobwinger, Marcia STREET ADDRESS 2501 27TH AVENUE, SUITE F-11 STREET ADDRESS 333 17 TO STEELT, SUITE 2L CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP VEROBEACH FL 32960 TITE F □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 a with all other like empowered.

**SIGNATURE** 

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED