
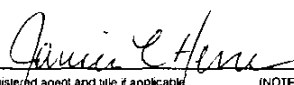
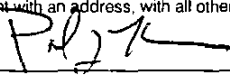


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90045 017 ****61.25

DOCUMENT # N01000004555					
1. Entity Name HARBOUR ISLAND EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1301 PLANTATION ISLAND DR. SUITE 206B SAINT AUGUSTINE, FL 32080 US			Mailing Address P O BOX DRAWER 70 ST AUGUSTINE, FL 32085-0070 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0392998	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, RONALD W 66 CUNA ST., STE. A ST. AUGUSTINE, FL 32084			Name The Neighborhood Managers, Inc. Street Address (P.O. Box Number is Not Acceptable) 19 Masters Dr. City St. Augustine FL Zip Code 32084		
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.					
SIGNATURE 			DATE 5/22/07		
(Signature, typed or printed name of registered agent and title if applicable)			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP	NAME THOMPSON, PAUL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1301 PLANTATION ISLAND DR. #206B	CITY-ST-ZIP SAINT AUGUSTINE, FL 32080		NAME	CITY-ST-ZIP	
TITLE DV	NAME THOMPSON, DAVID	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1301 PLANTATION ISLAND DR., #206B	CITY-ST-ZIP SAINT AUGUSTINE, FL 32080		NAME	CITY-ST-ZIP	
TITLE DST	NAME THOMPSON, PIERRE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1301 PLANTATION ISLAND DR. #206B	CITY-ST-ZIP SAINT AUGUSTINE, FL 32080		NAME	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME Larry Griggs	CITY-ST-ZIP 1301 Plantation Island Dr. unit 202B St. Augustine, FL 32080	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME Scott Corneal	CITY-ST-ZIP 400A Harbor Island, LLC 1301 Plantation Island, Unit 402A Saint Augustine, FL 32080	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	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 an address, with all other like empowered.					
SIGNATURE: 			DATE 5/22/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 471-4800		

40110011



04232007 Chg-NP CR2E037 (12/06)