


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90019 040 \*\*\*\*61.25

<b>DOCUMENT # N01000004555</b>			
1. Entity Name <b>HARBOUR ISLAND EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1301 PLANTATION ISLAND DR. SUITE 206B SAINT AUGUSTINE, FL 32080 US</b>		Mailing Address <b>P O BOX DRAWER 70 ST AUGUSTINE, FL 32085-0070 US</b>	
2 Principal Place of Business - No P.O. Box # <b>601 S. Ponce de Leon Blvd</b>		3. Mailing Address <b>Suite, Apt. #, etc.</b>	
Suite, Apt. #, etc. <b>Suite 206-B</b>		City & State <b>St Augustine FL</b>	
Zip <b>32084</b>	Country <b>USA</b>	Zip <b>---</b>	Country <b>---</b>
6. Name and Address of Current Registered Agent <b>THE NEIGHBORHOOD MANAGERS, INC. 79 MASTERS DR. ST. AUGUSTINE, FL 32084</b>		7. Name and Address of New Registered Agent <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <b>FL</b> <b>Zip Code</b>	
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. <b>SIGNATURE</b> <i>Paul J. Thompson</i> <i>Paul J. Thompson</i> <b>3-24-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>DIR</b>	NAME <b>THOMPSON, PAUL</b>	TITLE <b>DIR</b>	NAME <b>Paul J. Thompson</b>
STREET ADDRESS <b>1301 PLANTATION ISLAND DR. #206B</b>	CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>	STREET ADDRESS <b>P.O. 70</b>	CITY-ST-ZIP <b>ST. Augustine, FL 32080</b>
TITLE <b>DV</b>	NAME <b>THOMPSON, DAVID</b>	TITLE <b>VP</b>	NAME <b>Griggs, Larry</b>
STREET ADDRESS <b>1301 PLANTATION ISLAND DR., #206B</b>	CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>	STREET ADDRESS <b>1301 Plantation Island Dr. Unit 202-B</b>	CITY-ST-ZIP <b>ST. Augustine, FL 32080</b>
TITLE <b>DST</b>	NAME <b>THOMPSON, PIERRE</b>	TITLE <b>VP</b>	NAME <b>Carneal, Scott</b>
STREET ADDRESS <b>1301 PLANTATION ISLAND DR. #206B</b>	CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>	STREET ADDRESS <b>1301 Plantation Island Dr. Unit 403-A</b>	CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>
TITLE <b>DP</b>	NAME <b>GRIGGS, LARRY</b>	TITLE <b>VP</b>	NAME <b>Carneal, Scott</b>
STREET ADDRESS <b>1301 PLANTATION ISLAND DR., UNIT 202B</b>	CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>	STREET ADDRESS <b>1301 Plantation Island Dr. Unit 403-A</b>	CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>
TITLE <b>VP</b>	NAME <b>CARNEAL, SCOTT</b>	TITLE <b>VP</b>	NAME <b>CARNEAL, SCOTT</b>
STREET ADDRESS <b>1301 PLANTATION ISLAND, UNIT 403A</b>	CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>	STREET ADDRESS <b>1301 Plantation Island Dr. Unit 403-A</b>	CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>
TITLE <b>---</b>	NAME <b>---</b>	TITLE <b>---</b>	NAME <b>---</b>
STREET ADDRESS <b>---</b>	CITY-ST-ZIP <b>---</b>	STREET ADDRESS <b>---</b>	CITY-ST-ZIP <b>---</b>

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:** *Paul J. Thompson* **3-24-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #