

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004555

FILED
Apr 24, 2009
Secretary of State

Entity Name: HARBOUR ISLAND EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

601 S. PONCE DE LEON BLVD.
SUITE 206-B
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P O BOX DRAWER 70
ST AUGUSTINE, FL 320850070 US

New Mailing Address:

79 MASTERS DR
ST AUGUSTINE, FL 32084

FEI Number: 03-0392998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE NEIGHBORHOOD MANAGERS, INC.
79 MASTERS DR.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, PAUL S
Address: P.O. 70
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P () Delete
Name: GRIGGS, LARRY
Address: 1301 PLANTATION ISLAND DR. UNIT 202-B
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: CARNEAL, SCOTT
Address: 1301 PLANTATION ISLAND DR. UNIT 403-A
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FORT, DAVE
Address: 1301 PLANTATION ISLAND DR STE 304
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPSD (X) Change () Addition
Name: FARHART, J DR
Address: 1301 PLANTATION ISLAND DR. STE 106 A
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD (X) Change () Addition
Name: ANDERSON, LOUISE
Address: 1301 PLANTATION ISLAND DR. UNIT 205-A
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: DAVE FORT

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date