

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004555

**FILED**  
**Apr 01, 2011**  
**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:**

79 MASTERS DR  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

**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  
Name: FORT, DAVE  
Address: 1301 PLANTATION ISLAND DR STE 304  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PSD  
Name: FARHART, J DR  
Address: 1301 PLANTATION ISLAND DR. STE 106 A  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

I hereby 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 all other like empowered.

SIGNATURE: J FARHAT

PD

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date