

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003515

FILED
Feb 19, 2008
Secretary of State

Entity Name: HARBOUR HOUSE AT HARBOUR VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127 US

New Mailing Address:

FEI Number: 74-3046233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMANN, KARLA L
4622 LINKS VILLAGE DRIVE
PONCE INLET, FL 32127 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: P/D () Delete
Name: WILLIAMS, EUGENE
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: VPSD () Delete
Name: RIDDLE, TOM
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: AT/D () Delete
Name: PESARE, ROBERT
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: D (X) Delete
Name: LEHMANN, WALTER
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: T/D () Delete
Name: DUFEK, DAVID
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PESARE, ROBERT
Address: 4622 LINKS VILLAGE DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EUGENE WILLIAMS

P/D

02/19/2008

Electronic Signature of Signing Officer or Director

Date