## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003515

FILED Mar 11, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 4622 LINKS VILLAGE DRIVE PONCE INLET, FL 32127 **Current Mailing Address: New Mailing Address:** 4622 LINKS VILLAGE DRIVE PONCE INLET, FL 32127 US

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAUMANN, KARLA L 4622 LINKŚ VILLAGE DRIVE PONCE INLET, FL 32127

FEI Number: 74-3046233

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:

Address:

FEI Number Not Applicable ( )

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

Certificate of Status Desired ( )

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition WILLIAMS, EUGENE Name: Name: Address:

4622 LINKS VILLAGE DRIVE Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip:

Title: **VPSD** () Delete Title: VP/D (X) Change ( ) Addition RIDDLE, TOM Name: RIDDLE, TOM Name:

Address: 4622 LINKS VILLAGE DRIVE Address: 4622 LINKS VILLAGE DRIVE City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: D/T (X) Change ( ) Addition

PESARE, ROBERT PESARE, ROBERT Name: Name: 4622 LINKS VILLAGE DRIVE 4622 LINKS VILLAGE DRIVE Address: Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127

Title: T/D ( ) Delete Title: () Change () Addition Name:

DUFEK, DAVID Name: 4622 LINKS VILLAGE DRIVE Address: City-St-Zip: PONCE INLET, FL 32127 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: GENE WILLIAMS P/D 03/11/2009