

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 04, 2007 8:00 am
Secretary of State**

05-04-2007 90087 031 ****61.25

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| DOCUMENT # N02000005103 | |  |
| 1. Entity Name HARBOUR WALK CONDOMINIUM ASSOCIATION, INC. | | |

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| Principal Place of Business ROSSMAN PROPERTY MGMT, LLC ✓ 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914 | Mailing Address ROSSMAN PROPERTY MGMT, LLC ✓ 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914 |
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| 2. Principal Place of Business - No P.O. Box # 1104 SE 46th Lane #2 | 3. Mailing Address 1104 SE 46th Lane #2 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------|--------------------------------|
| City & State Cape Coral, FL | City & State Cape Coral, FL |
| Zip 33904 | Country 33904 |

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|---|--|---|
| 6. Name and Address of Current Registered Agent COONRING, JENNIFER ROSSMAN PROPERTY MGMT, LLC 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914 | | Name Michelle Rossman CAM |
| | | Street Address (P.O. Box Number is Not Acceptable) Rossman Realty Property Mgmt, LLC |
| | | 1104 SE 46th Lane #2 |
| | | City Cape Coral |
| | | FL Zip Code 33904 |

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.

SIGNATURE Michelle Rossman 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GUZIAK, ROBERT 34301 HILL DR KIMBALL, MI 48074 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GENT, WENDY 5210 CAIQUITA BLVD #201 A CAPE CORAL, FL 33914 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DOVE, MARY 5218 CHIQUITA BLVD, # 202C CAPE CORAL, FL 33914 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Wendy Gent by Michelle Rossman 4/25/07 239-443-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

Wendy Gent CAM