


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90054 004 \*\*\*\*61.25

<b>DOCUMENT # N02000005989</b> 1. Entity Name <b>THE HARBORS COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>7100 W. CAMINO REAL SUITE 117 BOCA RATON, FL 33433</b>				Mailing Address <b>7100 W. CAMINO REAL SUITE 117 BOCA RATON, FL 33433</b>	
2. Principal Place of Business - No P.O. Box # <b>6300 PARK OF COMMERCE BN</b>				3. Mailing Address <b>6300 Park of Commerce BN</b>	
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 	
City & State <b>BOCA RATON, FL</b>				City & State <b>BOCA RATON</b>	
Zip <b>334</b>		Country <b>PALM BEACH</b>		Zip <b>33487</b>	
Country <b>PALM BEACH</b>		4. FEI Number <b>02-0690341</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>VALYO, PAUL 7100 W. CAMINO REAL SUITE 117 BOCA RATON, FL 33433</b>				7. Name and Address of New Registered Agent Name <b>SACKS &amp; SACKS - LOUIS CAPLAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>301 YAMATO RD.</b> <b>SUITE 4150</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>	
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 <u><i>W.H. H. Pres.</i></u> DATE <u><i>4/4/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PR. V. P.</b> <b>NARDOLILLI, JOHN</b> <b>7542 HYPOLUXO ROAD, #290</b> <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V. P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PR. PRESIDENT</b> <b>LLOYD, CLIFFORD</b> <b>140 HARBORS WAY</b> <b>BOYNTON BEACH, FL 33435</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>LENEVE, STEFANIE</b> <b>124 HARBORS WAY</b> <b>BOYNTON BEACH, FL 33435</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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: <u><i>W.H. H. Pres.</i></u> DATE <u><i>4/4/07</i></u> DAYTIME PHONE # <u><i>305-986-1753</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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