

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005989

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE HARBORS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 02-0690341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACKS & SACKS-LOUIS CAPLAN
301 YAMATO RD
SUITE 4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SACKS & SACKS-LOUIS CAPLAN
6111 NW BROKEN SOUND PKWY
SUITE 200
BOCA RATON, FL 33487 US

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: LOUIS CAPLAN

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LLOYD, CLIFFORD
Address: 140 HARBORS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP () Delete
Name: LEVINE, STEVE
Address: 126 HARBORS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ST () Delete
Name: KOSSOWSKY, STAN
Address: 136 HARBORS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BARNES, WILLIAM
Address: 151 HARBORS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

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: CLIFFORD LLOYD

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date