2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2008 8:00 am DOCUMENT # N03000009470 **Secretary of State** 02-15-2008 90015 036 ****61.25 HARBOR FRONT HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 666 NE DIXIE HWY PO BOX 111 JENSEN BEACH FL 34958 JENSEN BEACH FL 34957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 57-1197895 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAKAB, JOSERH J JR Street Address (P.O. Dox Number is Not Acceptable) 333 NE DIXIE HWY JENSEN BEACH FL 34957 Zip Code 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 Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typen or printed name of registered agent and title if applicable. (NOTE: Begistered Agont signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees rayin ili bili tirli. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THE TITLE Delete ☐ Change ☐ Addition WEIS, FRANK NAME NAME STREET ADDRESS 322 ALANTIC AVENUE STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Oalote TITLE ☐ Change ☐ Addition BERGEN, MARTIN NAME NAME 340 ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP ISTD Delete TITLE Change X Addition DERRICKSON, WILLIAM NAME NAME BONSIGNORE, RALPH 316 ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS 346 ATLANTIC AVE STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34994 ☐ Delete ☐ Addition TITLE ☐ Change TIFLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Defete ☐ Change TOTLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I turther 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 10.

if changed, or on an attachment with an address, with all other like sympowered.

SIGNATURE

FILED