2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N03567

Entity Name: HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

615 DREAM ISLAND RD
LONGBOAT KEY, FL 342281520

New Principal Place of Business:

Current Mailing Address:

615 DREAM ISLAND RD
LONGBOAT KEY, FL 342281520

New Mailing Address:

FEI Number: 65-0047145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PFLUGNER, GEOFFREY
1 CARD MERRILL ET AL
2033 MAIN ST, STE. 101
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BAKER, LARRY	
Address:	PO BOX 283	
City-St-Zip:	MINOCQUA, WI 54548	
Title:	D	( ) Delete
Name:	GOWAN, WILLIAM	
Address:	2198 HERITAGE AVE	
City-St-Zip:	OKEMOS, MI 48864	
Title:	D	( ) Delete
Name:	ARNOT, BOWIE	
Address:	THORTON WOOD 4 HUME COURT	
City-St-Zip:	BALTIMORE, MD 212041819	
Title:	VP	( ) Delete
Name:	DUJARDIN, DAVID	
Address:	615 DREAM ISLAND ROAD	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	WEBSTER, MARY LOU	
Address:	615 DREAM ISLAND ROAD	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	ST	( ) Delete
Name:	STYLES, R. P. G.,	
Address:	8 YORKRIDGE ROAD WILLOWDALE	
City-St-Zip:	TORONTO, ONTARIO, M291R	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	WOELFLING, BOB	
Address:	615 DREAM ISLAND ROAD	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	STYLES, GEOFF	
Address:	8 YORKRIDGE ROAD WILLOWDALE	
City-St-Zip:	TORONTO, ONTARIO, CA M291R	

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: LARRY BAKER P 02/17/2009

Electronic Signature of Signing Officer or Director — Date