

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90252 047 \*\*\*\*61.25

<b>DOCUMENT # N04000001787</b>					
<b>1. Entity Name</b> HARBOUR HOUSE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442			<b>Mailing Address</b> 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442		
<b>2. Principal Place of Business - No P.O. Box #</b> 333 NE 2nd St		<b>3. Mailing Address</b> 333 NE 2nd St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032007    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b> Delray Beach FL		<b>City &amp; State</b> Delray Beach FL		<b>4. FEI Number</b> 05-0627786	
<b>Zip</b> 33483		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> COREN, GEORGE 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442			<b>7. Name and Address of New Registered Agent</b>		
Name			George Coren		
Street Address (P.O. Box Number is Not Acceptable)			333 NE 2nd St		
City			Delray Beach FL		
Zip Code			33483		
<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.</b>					
SIGNATURE: <u>George J Coren</u> <u>George J Coren</u> <u>4/19/07</u>					
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> DP	<input type="checkbox"/> Delete		<b>TITLE</b> 333 NE 2nd St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> COREN, GEORGE J	666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b> Delray Beach FL 33483	CITY-ST-ZIP	
<b>TITLE</b> DV	<input type="checkbox"/> Delete		<b>TITLE</b> 333 NE 2nd St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> SMITH, LENNIE F	666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b> Delray Beach FL 33483	CITY-ST-ZIP	
<b>TITLE</b> DST	<input type="checkbox"/> Delete		<b>TITLE</b> 333 NE 2nd St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> BROCK, BONITA	666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442		<b>STREET ADDRESS</b> Delray Beach, FL 33483	CITY-ST-ZIP	
<b>TITLE</b> [Blank]	<input type="checkbox"/> Delete		<b>TITLE</b> 333 NE 2nd St	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> [Blank]	[Blank]		<b>STREET ADDRESS</b> Delray Beach FL 33483	CITY-ST-ZIP	
<b>TITLE</b> [Blank]	<input type="checkbox"/> Delete		<b>TITLE</b> 333 NE 2nd St	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> [Blank]	[Blank]		<b>STREET ADDRESS</b> Delray Beach FL 33483	CITY-ST-ZIP	
<b>TITLE</b> [Blank]	<input type="checkbox"/> Delete		<b>TITLE</b> [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> [Blank]	[Blank]		<b>STREET ADDRESS</b> [Blank]	CITY-ST-ZIP	
<b>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 607, 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.</b>					
SIGNATURE: <u>George J Coren</u> <u>George J Coren</u> <u>4/19/07</u> <u>561 819</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone # 1109					