

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006984

FILED
Apr 30, 2008
Secretary of State

Entity Name: HARBOUR BREEZE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1814 BEACH PKWY
UNIT 203
CAPE CORAL, FL 33904

New Principal Place of Business:

C/O AMERICAN CONDO MGMT INC
615 CAPE CORAL PKWY W, 103
CAPE CORAL, FL 33914

Current Mailing Address:

1814 BEACH PKWY
UNIT 203
CAPE CORAL, FL 33904

New Mailing Address:

C/O AMERICAN CONDO MGMT INC
615 CAPE CORAL PKWY W, 103
CAPE CORAL, FL 33914

FEI Number: 20-2225716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODON, KAREN M
1814 BEACH PKWY., UNIT 203
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

KASE, SUSAN M
615 CAPE CORAL PWY W, 103
CAPE CORAL, FL 33914 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: SUSAN KASE

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHER, SY
Address: PO BOX 100374
City-St-Zip: CAPE CORAL, FL 33910

Title: TD () Delete
Name: RODON, FRANK C
Address: 1814 BEACH PKWY #203
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: RODON, KAREN M
Address: 1814 BEACH PKWY, UNIT 203
City-St-Zip: CAPE CORAL, FL 33904

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:

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: SY SCHER

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date