

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008419

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: NEW HARBOR LOFTS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2125 N. COMMERCE PKWY.  
WESTON, FL 33326

**New Principal Place of Business:**

2101 N. COMMERCE PKWY.  
WESTON, FL 33326

**Current Mailing Address:**

2125 N. COMMERCE PKWY.  
WESTON, FL 33326

**New Mailing Address:**

2101 N. COMMERCE PKWY.  
WESTON, FL 33326

FEI Number: 86-1132632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AED SERVICES, INC.  
2125 N COMMERCE PARKWAY  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

AED SERVICES, INC.  
2101 N COMMERCE PARKWAY  
WESTON, FL 33326 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: JAMES B PAIN

04/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CASALE, DOMINICK V  
Address: 2125 N COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

Title: SEC ( ) Delete  
Name: BRICHE, MICHAEL A  
Address: 2125 N COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

Title: TRES ( ) Delete  
Name: PAIN, JAMES B  
Address: 2125 N COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: CASALE, DOMINICK V  
Address: 2101 N COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

Title: SEC (X) Change ( ) Addition  
Name: BRICHE, MICHAEL A  
Address: 2101 N COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

Title: TRES (X) Change ( ) Addition  
Name: PAIN, JAMES B  
Address: 2101 N COMMERCE PARKWAY  
City-St-Zip: WESTON, FL 33326

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: JAMES B PAIN

TRES

04/28/2007

Electronic Signature of Signing Officer or Director

Date