
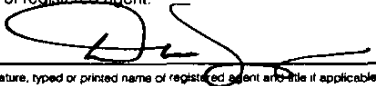



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90014 006 ****61.25

DOCUMENT # N04000008419 1. Entity Name NEW HARBOR LOFTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2101 N. COMMERCE PKWY. WESTON, FL 33326			Mailing Address 2101 N. COMMERCE PKWY. WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 1 Financial Plaza Suite, Apt. #, etc. 2001		3. Mailing Address 1 Financial Plaza Suite, Apt. #, etc. 2001			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL			
Zip 33394		Country US		4. FEI Number 86-1132632	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent AED SERVICES, INC. 2101 N COMMERCE PARKWAY WESTON, FL 33326			7. Name and Address of New Registered Agent Name Sentinel Property Mgmt., LLC Street Address (P.O. Box Number is Not Acceptable) 1 Financial Plaza Suite 2001 City Ft. Lauderdale FL Zip Code 33394		
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.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/17/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CASALE, DOMINICK V 2101 N COMMERCE PARKWAY WESTON, FL 33326		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BRICHE, MICHAEL A 2101 N COMMERCE PARKWAY WESTON, FL 33326		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES PAINE, JAMES B 2101 N COMMERCE PARKWAY WESTON, FL 33326		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/7/08 <small>Daytime Phone #</small>	