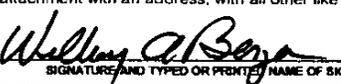


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90115 001 ****61.25

DOCUMENT # N04000011399					
1. Entity Name HARBOUR CLUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1522-1539 HARBOUR CLUB DR PONTE VEDRA BEACH, FL 32082 US			Mailing Address P.O. BOX 1133 PONTE VEDRA BEACH, FL 32004-1133 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2085528	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCARTHY, JOAN 1537 HARBOUR CLUB DR PONTE VEDRA BEACH, FL 32082			Name CLIFFORD DOERINGER Street Address (P.O. Box Number is Not Acceptable) 1526 HARBOUR CLUB DR City PONTE VEDRA BEACH FL Zip Code 32082		
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 		CLIFFORD DOERINGER PRESIDENT, HARBOUR CLUB HOA, INC.		DATE 20 JAN 2006	
Filing Fee is \$61.25 Due by May 1, 2006		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	PD MCCARTHY, JOAN 1537 HARBOUR CLUB DR PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOERINGER, CLIFFORD 1526 HARBOUR CLUB DR PONTE VEDRA BCH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUFF, DAVID 1539 HARBOUR CLUB DR. PONTE VEDRA BCH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARTLEY, DEBORAH 1532 HARBOUR CLUB DR PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUFF, DAVID 1539 HARBOUR CLUB DR. PONTE VEDRA BCH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGEM, WILLIAM 1535 HARBOUR CLUB DR PONTE VEDRA BCH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERGEN, WILLIAM 1535 HARBOUR CLUB DR PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGEM, WILLIAM 1535 HARBOUR CLUB DR PONTE VEDRA BCH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECKER, MILTON 1530 HARBOUR CLUB DR PONTE VEDRA BCH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFF, DAVID 1539 HARBOUR CLUB DR PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECKER, MILTON 1530 HARBOUR CLUB DR PONTE VEDRA BCH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAFT, THOMAS 1534 HARBOUR CLUB DR. PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: 		WILLIAM A. BERGEM TREASURER, HARBOUR CLUB HOA		DATE 20 JAN 06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 904 273-6980	