2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000011399



FILED Jan 17, 2008 8:00 am Secretary of State

1. Entity Nam HARBOU		HOMEOWNERS	S ASSOCI	ATION, INC.				01-17-2008	3 90024 044	****61	.23
1522-1539 HARBOUR CLUB DR P.O.			P.O. E	ing Address . BOX 1133 NTE VEDRA BEACH, FL 32004-1133 US				(8/10 8 /10 10 1 10 11 11 12 11 11 12 11 11 12 11 11 12 11 11	SII ROINI EINNI SKAAA ISI	ela (out l'anic	KI BI 4881
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Maili	ng Address							
Suite, Apt. #, etc. Si			Suit	kuite, Apt. #, etc.			01042008	Chg-NP	CR2E037 (1	12/06)	
				ity & State			4. FEI Number 20-2085528 Applied For Not Applicable				
Zip		Country	Zip		Country		l	of Status Desired	□ Fee	75 Additi Required	onal
····	o. Name	and Address of Curr	вих кодижено	a Agent		arne		Address of New I		<u> </u>	
HYFF, DAY 1539 HARI PONTE VE	BOUR CL	JB DR ICH, FL 32082			St	reet Address ((P.O. Box Number	is Not Acceptable	e)		
€** £.				Loan			HOEBOUR CLUB DRIVE CORD TEGRON FL Zip Code 32082				
		submits this statemer	nt for the purpo	ose of changing its	registered of	fice or register	red agent, or both	n, in the State of Fi	orida. I am famil		
8. The above the obligat	nous or regise	area again.									
the obligat	WILL	IAM A. T	SERGG gent end title d appi	CORDIO (NOT	SCAZLINL E: Registered Age	LI regressio (equeso	d when remodalus.	UBay	DATE 4	Jan :	2008
the obligat	Signature, typed	IAM A. T	SERGO gene and take if appli	9. Election Car Trust Fund C	E: Registered Age 		\$5.00 May Be Added to Fees		DATE DATE		2 <i>008</i>
the obligat	Signature, typed	DAM A. Te or president and a series \$61.25	gent and title 4 appl	9. Election Car	E: Registered Age 	cing	\$5.00 May Be Added to Fees		rida Departme	nt of Stat	
the obligat	Signature, typed Filling Fer Due by M	or printed name of registered in e is \$61.25 lay 1, 2008	gent and title 4 appl	9. Election Car	E: Registered Age impaign Finan Contribution.	cing	\$5.00 May Be Added to Fees	Flo	rida Departme	nt of Stat	
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12. Thereby certify that the information supplied with this filling 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. B62960 TRESURE SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR