

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90007 041 \*\*\*\*61.25

<b>DOCUMENT # N04949</b> 1. Entity Name <b>HARBOR TOWERS AND MARINA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3901 S. FLAGLER WEST PALM BEACH, FL 33405 US</b>			Mailing Address <b>FIRST SOURCE MANAGEMENT INC 1903 S CONGRESS AVE STE 160 BOYNTON BEACH, FL 33426 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>Phoenix Management 4780 N State Rd 7 Ste E250</b>			
City & State <b>Lauderdale Lakes, FL</b>		City & State <b>Lauderdale Lakes, FL</b>		4. FEI Number <b>59-2736299</b>	
Zip <b>33319</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ST. JOHN, CORE, &amp; LEMME, P.A. 1601 FORUM PLACE CENTURION TOWER, STE 701 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>Phoenix Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>4780 N State Rd 7, STE E250</b> City <b>Lauderdale Lakes</b> FL Zip Code <b>33319</b>	
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 <u><i>Gina Wierenthal</i></u> DATE <u>1/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLINSKI, ROBERT 3901 S. FLAGLER DR., #404 WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP VICTORIA ROSALIA 3901 S. FLAGLER DR #201 WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NICOLACE, JOHN 3901 S. FLAGLER DR APT 406 WEST PALM BEACH, FL 33405	<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	D D'ELA, RICHARD 3961 S FLAGLER DR, APT 204 WEST PALM BEACH, FL 33405	<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	D DERSTINE, RAY 3901 S FLAGLER DRIVE, #1102 WEST PALM BEACH, FL 33405	<input checked="" 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	D EVERINGHAM, ROGER 3901 S FLAGLER, APT 906 WEST PALM BEACH, FL 33405	<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"/> Delete				
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: <u><i>Victoria Rosalia</i></u>			Date <u>2/2/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		