


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90063 011 \*\*\*\*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>C/O PHOENIX MANAGEMENT 4780N STATE RD 7 STE E 250 FORT LAUDERDALE, FL 33319 US</b>
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40068710



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2736299</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>PHOENIX MANAGEMENT 4780 N STATE RD 7, STE E250 FORT LAUDERDALE, FL 33319</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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>David C. Rountree</u>	DATE <u>4-10-2008</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ROSALIA, VICTORIA
STREET ADDRESS	3901 S FLAGLER DR 201
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	V
NAME	NICOLACE, JOHN
STREET ADDRESS	3901 S. FLAGLER DR APT 406
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	D'ELA, RICHARD
STREET ADDRESS	3961 S FLAGLER DR, APT 204
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	EVERINGHAM, ROGER
STREET ADDRESS	3901 S FLAGLER, APT 906
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	LOAR, KENTON
STREET ADDRESS	3901 S. FLAGLER DRIVE, #1005
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD
NAME	DELA, RICHARD
STREET ADDRESS	3901 S Flagler Drive #204
CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	DT
NAME	Weitz, Jill
STREET ADDRESS	3901 S Flagler Drive #904
CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	D
NAME	LOVELAND, ROSLYN
STREET ADDRESS	3901 S Flagler Drive #602
CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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>Rosalia Victoria</u>	DATE <u>4-10-2008</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

561-964-1550