2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000003359

TI FILED
Sep 12, 2006
Secretary of State

Entity Name: THE HARBOR POINT AT LITTLE HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

611 DESTINY DRIVE BAHIA BEACH, FL 33570

Current Mailing Address: New Mailing Address:

12800 UNIVERSITY DRIVE SUITE 400 FORT MYERS, FL 33907

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH, FL 33401 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Electronic eignature of registered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS () Delete Title: DS (X) Change () Addition

Name: THOMAS, MICHAEL Name: TRUCKENBROD, JIM

Address: 12800 UNIVERSITY DRIVE SUITE 400 Address: 12800 UNIVERSITY DRIVE SUITE 400

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

Title: DP () Delete Title: () Change () Addition

 Name:
 NEWHART, ROBERT
 Name:

 Address:
 611 DESTINY DRIVE
 Address:

 City-St-Zip:
 BAHIA BEACH, FL 33570
 City-St-Zip:

Name: CORDELLO, DOUGLAS J Name: CORDELLO, DOUG

Address: 12800 UNIVERSITY DRIVE, SUITE #400 Address: 12800 UNIVERSITY DRIVE, SUITE #400

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYRONE BONGARD AUTH 09/12/2006