2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003653

tity Name: HADROD CDOSSING INC

SCHUMER, FLORA M

JUPITER, FL 33478 US

4033 SE HAMMOCK PLACE

Name:

Address:

City-St-Zip:

FILED Jan 08, 2006 Secretary of State

Entity Name: HARBOR CROSSING INC. **Current Principal Place of Business: New Principal Place of Business:** 11000 PROSPERITY FARMS ROAD SUITE 105 PALM BEACH GARDENS, FL 33410 **New Mailing Address: Current Mailing Address:** 4033 SE HAMMOCK PLACE JUPITER, FL 33478 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: KIDWELL, BRIAN G 4033 SE HAMMOCK PLACE JUPITER, FL 33478 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KIDWELL, BRIAN G Name: Name: Address: 4033 SE HAMMOCK PLACE Address: City-St-Zip: JUPITER, FL 33478 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: GRUNER, LEON J Name: Address: 11000 PROSPERITY FARMS ROAD Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 US City-St-Zip: Title: SEC () Delete Title: () Change () Addition KIDWELL, TARA K Name: Name: 4033 SE HAMMOCK PLACE Address: Address: City-St-Zip: JUPITER, FL 33478 US City-St-Zip: Title: **TRES** () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN G. KIDWELL P 01/08/2006