2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005321

FILED Feb 22, 2006 Secretary of State

Entity Name: HARBOUR VIEW OWNERS ASSOCIATION INC

Current P	rincipal Place of Business:	New Principal Place	of Business:
	SH LANDING PARKWAY		
SUITE 108			
		New Mailing Address	a.
	lailing Address:	New Maning Address	5.
1400 MAR SUITE 108	SH LANDING PARKWAY }		
JACKSON	VILLE BEACH, FL 32250		
El 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:	
	JOSE BOULEVARD , SUITE 200 VILLE, FL 32217 US		
IACKSON Γhe above	, SUITE 200	purpose of changing its registered	d office or registered agent, or both,
JACKSON The above n the State	, SUITE 200 VILLE, FL 32217 US named entity submits this statement for the e of Florida. RE:		d office or registered agent, or both,
IACKSON The above In the State	, SUITE 200 VILLE, FL 32217 US named entity submits this statement for the e of Florida.		d office or registered agent, or both, Date
JACKSON The above n the State	, SUITE 200 VILLE, FL 32217 US named entity submits this statement for the e of Florida. RE:	ent	
IACKSON The above In the State	, SUITE 200 VILLE, FL 32217 US named entity submits this statement for the e of Florida. RE:	ent	Date
IACKSON The above In the State BIGNATUE DFFICER: Italiane: Iddress:	, SUITE 200 VILLE, FL 32217 US named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Age S AND DIRECTORS: D	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: GARY M. GARRISON D 02/22/2006