2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000918

FILED Jan 03, 2007 Secretary of State

Entity Name: HARBOR PROFESSIONAL CREWSWATER CONDOMINIUM ASSOCIATION INC

Name and Address of Current Registered Agent: KHALIDI, SAKINA 2400 HARBOR BLVD SUITE 17 PORT CHARLOTTE, FL 33952 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFIC Title: P () Delete Name: KHALIDI, NASIR Address: 3420 TAMIAMI TRAIL SUITE 3 City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: Title: VP () Delete Title: () Change () Name: NAVEED, KHALIDI Name: NAVEED, KHALIDI Name: NAVEED, KHALIDI Address: 2400 HARBOR BLVD, SUITE 17 City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952		
SUITE 3 PORT CHARLOTTE, FL 33952 Current Mailing Address: P.O.BOX 495850 PORT CHARLOTTE, FL 33949 FEI Number: FEI Number Applied For (X) Name and Address of Current Registered Agent: Name and Address of New Regist KHALIDI, SAKINA 2400 HARBOR BLVD SUITE 17 PORT CHARLOTTE, FL 33952 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFIC Title: P () Delete Name: KHALIDI, NASIR Name: Address: 3420 TAMIAMI TRAIL SUITE 3 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: VP () Delete Name: NAVEED, KHALIDI NAME: NAME: NAME: NAME: NAME: NAME: NAME: NAME: NAME: NA	of Business: New Principal Place of Busin	ess:
P.O.BOX 495850 PORT CHARLOTTE, FL 33949 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate Name and Address of Current Registered Agent: Name and Address of New Regist KHALIDI, SAKINA 2400 HARBOR BLVD SUITE 17 PORT CHARLOTTE, FL 33952 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date of Florida Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: P () Delete Title: () Change () Name: Address: 3420 TAMIAMI TRAIL SUITE 3 Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: Title: VP () Delete Title: () Change () Name: NAVEED, KHALIDI NAME: NAME	33952	
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KHALIDI, SAKINA 2400 HARBOR BLVD SUITE 17 PORT CHARLOTTE, FL 33952 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFIC Title: P () Delete Title: () Change () Name: KHALIDI, NASIR Address: 3420 TAMIAMI TRAIL SUITE 3 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: VP () Delete Title: () Change () Name: NAVEED, KHALIDI	FEI Number Applied For (X) FEI Number Not Applicable () Certifi	icate of Status Desired ()
2400 HARBOR BLVD SUITE 17 PORT CHARLOTTE, FL 33952 US The above named entity submits this statement for the purpose of changing its registered office or reg in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFIC Title: P () Delete Title: () Change (): Name: KHALIDI, NASIR Address: 3420 TAMIAMI TRAIL SUITE 3 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: VP () Delete Title: () Change (): Name: NAVEED, KHALIDI Name: NAVEED, KHALIDI Address: 2400 HARBOR BLVD, SUITE 17 City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952	current Registered Agent: Name and Address of New Re	egistered Agent:
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFIC Title: P () Delete Name: KHALIDI, NASIR Address: 3420 TAMIAMI TRAIL SUITE 3 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: VP () Delete Name: NAVEED, KHALIDI Address: 2400 HARBOR BLVD, SUITE 17 City-St-Zip: PORT CHARLOTTE, FL 33952	33952 US	
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OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFIC Title: P () Delete Title: () Change () . Name: KHALIDI, NASIR Address: 3420 TAMIAMI TRAIL SUITE 3 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: VP () Delete Title: () Change () . Name: NAVEED, KHALIDI Address: 2400 HARBOR BLVD, SUITE 17 City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952		
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Name: NAVEED, KHALIDI Name: Address: 2400 HARBOR BLVD, SUITE 17 Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip:	R Name: TRAIL SUITE 3 Address:	e () Addition
Title: C /\Delete /\Delete	.IDI Name: BLVD,SUITE 17 Address:	e () Addition
Title: S () Delete Title: () Change (). Name: KHALIDI, SAKINA Name: Address: 2400 HARBOR BLVD SUITE 17 Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip:	NA Name: BLVD SUITE 17 Address:	e () 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.

SIGNATURE: SAKINA KHALIDI MGR 01/03/2007