2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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FILED

Apr 20, 2007 8:00 am Secretary of State 03-27-2007 90007 003 ****61.25

DOCUMENT # N06000003062 04-05-2007 90141 006 ****61.25 1. Entity Name
TAMPA HARBOUR YACHT CLUB CONDOMINIUM ASSOCIATION, INC. 66010140 Principal Place of Business Mailing Address 5200 W TYSON AVE 5200 W TYSON AVE TAMPA, FL 33611 TAMPA, FL 33611 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FELNumber 20-45130 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name R&A AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2320 FIRST STREET SUITE 1000 FT MYERS, FL 33901 City 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 Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE Change Addition SHULL, MATTHEW NAME 5200 W TYSON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP ☐ Change Addition TITLE TITLE **Z** Delete MCLAUGHLIN, PETER NAME NAME 5200 W TYSON AVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33611 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Change Addition KNIGHT, STEEVEN MAME NAME 5200 W TYSON AVE STREET ADDRESS STREET ADDRESS CITY-S1-212 TAMPA, FL 33611 CHY-SI-24 TIFLE Delete tm.s Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CAY-SI- AP CITY-ST-782 Detete ☐ Change ■ Addition HUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P MILE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this titing does not quarify for the examptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental tends 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 economic fusite employered 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 a fusion many further like employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR