## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005291

FILED Mar 17, 2009 Secretary of State

Entity Name: HARBOR VILLAS CONDOMINIUM I ASSOCIATION OF SINGER ISLAND, INC.

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

500 CENTRAL DRIVE 1063 HILLSBORO MILE

SUITE 110 UNIT 503

VIRGINIA BEACH, VA 23454 HILLSBORO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

500 CENTRAL DRIVE 1063 HILLSBORO MILE

SUITE 110 SUITE 503

VIRGINIA BEACH, VA 23454 HILLSBORO BEACH, FL 33062

FEI Number: 13-4335230 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STEWART, JAMES M ESQ. 1211 THE PLAZA

SINGER ISLAND, FL 33404 US

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:

Clarkers is Circusture of Decistors of Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:NELIN, ROBERT HName:NELIN, RICHARD FAddress:500 CENTRAL DRIVE, STE 110Address:1063 HILLSBORO MILECity-St-Zip:VIRGINIA BEACH, VA 234545236City-St-Zip:HILLSBORO BEACH, FL 33062

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

 Name:
 NELIN, GREGÓRY M
 Name:

 Address:
 500 CENTRAL DRIVE, SUITE 110
 Address:

 City-St-Zip:
 VIRGINIA BEACH, VA 234545236
 City-St-Zip:

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

 Name:
 MULVANEY, THOMAS H
 Name:

 Address:
 POST OFFICE BOX 7841
 Address:

 City-St-Zip:
 JUPITER, FL 334687842
 City-St-Zip:

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

 Name:
 NELIN, BARBARA A
 Name:

 Address:
 500 CENTRAL DRIVE, STE 110
 Address:

 City-St-Zip:
 VIRGINIA BEACH, VA 234545236
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD F. NELIN PD 03/17/2009