

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# N07000006481

Entity Name: HARBORAGE YACHT SEVEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1515 SOUTH FEDERAL HWY SUITE 300  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1515 SOUTH FEDERAL HWY SUITE 300  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 26-1818861      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RUSH, ROBERT  
1515 SOUTH FEDERAL HWY SUITE 300  
BOCA RATON, FL 33432      US

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

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:**

Title: PD      ( ) Delete  
Name: GOODFELLOW, JOHN  
Address: 1515 SOUTH FEDERAL HWY SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

Title: VD      ( ) Delete  
Name: RUSH, ROBERT  
Address: 1515 SOUTH FEDERAL HWY SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

Title: STD      ( ) Delete  
Name: FRANCIS, BRUCE  
Address: 1515 SOUTH FEDERAL HWY SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: JOHN GOODFELLOW

PD

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date