2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N07000006830

Entity Name: HARBOURVIEW ASSOCIATION, INC.

Current Principal Place of Business:

1005 HARBOURVIEW CIRCLE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

1005 HARBOURVIEW CIRCLE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 32-0228777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENZ, ROBERT A
1005 HARBOURVIEW CIRCLE
PENSACOLA, FL 32507 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: BENZ, ROBERT A
Address: 1005 HARBOURVIEW CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: VD ( ) Delete
Name: BRANDT, JULEE
Address: 1005 HARBOURVIEW CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: VD ( ) Delete
Name: WILSON, MAC
Address: 1010 HARBOURVIEW CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete
Name: MITCHELL, EDNA
Address: 1066 HARBOURVIEW CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: TD ( ) Delete
Name: SOULE, MARGHERITA
Address: 1057 HARBOURVIEW CIRCLE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PARKER, THOMAS
Address: 1060 HARBOURVIEW CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: VD (X) Change ( ) Addition
Name: BRANDT, JULEE
Address: 1000 HARBOURVIEW CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: VD (X) Change ( ) Addition
Name: COLLINS, KATY
Address: 123 SEAMARGE CIRCLE
City-St-Zip: PENSACOLA, FL 32507

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: THOMAS PARKER PD 01/18/2008

Electronic Signature of Signing Officer or Director — Date