

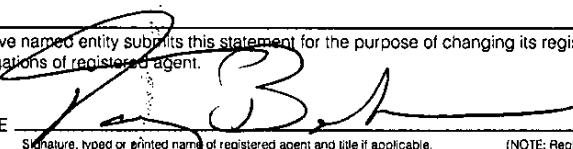



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90024 035 ****61.25

DOCUMENT # N09592 1. Entity Name HARBOUTOWN OFFICEOWNERS AND STOREOWNERS ASSOCIATION, INC.					
Principal Place of Business 913 GULF BREEZE PKWY UNIT NO 5 GULF BREEZE, FL 32561				Mailing Address P O BOX 58 GULF BREEZE, FL 32562-7058	
2. Principal Place of Business 913 Gulf Breeze Pkwy Suite, Apt. #, etc. Unit 24		3. Mailing Address PO Box 58 Suite, Apt. #, etc.			
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL		4. FEI Number 59-2611089	
Zip 32561		Country Santa Rosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MR. TAX 913 GULF BREEZE PARKWAY UNIT NO 5 GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name Tammy Bohannon Street Address (P.O. Box Number is Not Acceptable) 913 Gulf Breeze Pkwy, Unit 24 City Gulf Breeze FL Zip Code 32561			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3-10-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHAMMON, TAMMY <input checked="" type="checkbox"/> Delete 913 GULF BREEZE PKWY, STE 24 GULF BREEZE, FL 32561				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERTING, LINDA <input type="checkbox"/> Delete 913 GULFBREEZE PKWY STE 1 GULF BREEZE, FL 32561				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAFFER, NEVIN <input checked="" type="checkbox"/> Delete 913 GULFBREEZE PKWY., STE. 43 GULF BREEZE, FL 32561				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTGOMERY, ROB <input type="checkbox"/> Delete 913 GULFBREEZE PKWY., STE 12 GULF BREEZE, FL 32561				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  3/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					