

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N11349

Entity Name: HARBOUR POINTE AT CAMACHEE ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3608 HARBOR DR
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

3608 HARBOR DR
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2785680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDETTE, CLAIRE
3605 HARBOR DR
SAINT AUGUSTINE, FL 32084 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: DT () Delete
Name: GRUENTHER, RICHARD
Address: 3604 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT () Delete
Name: GODTHWAITE, ELIZABETH
Address: 3601 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DP () Delete
Name: FREDETTE, CLAIRE
Address: 3605 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DS () Delete
Name: GARNES, MARIE
Address: 3502 HARBOR DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT () Delete
Name: RUECHER, PETER
Address: 3501 HARBOR DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: DT () Delete
Name: MCCALLON, WILLIAM
Address: 3508 HARBOR DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

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:

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

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

Title: DT (X) Change () Addition
Name: MCCALLON, WILLIAM
Address: 3508 HARBOR DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 GRUENTHER

DT

04/30/2004

Electronic Signature of Signing Officer or Director

Date