


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90167 004 ****61.25

DOCUMENT # N11349
1. Entity Name
HARBOUR POINTE AT CAMACHEE ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**3608 HARBOR DR
SAINT AUGUSTINE FL 32084
US** **3608 HARBOR DR
SAINT AUGUSTINE FL 32084
US**



1st MOORE CR2E037 (10/05)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
PO Box 4306

City & State City & State
ST-AUGUSTINE FL

4. FEI Number Applied For
59-2785680 Not Applicable

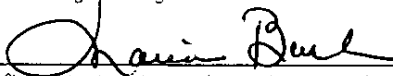
Zip Country Zip Country
32085 **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**FREDETTE, CLAIRE
3605 HARBOR DR
SAINT AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent
Name **MARIA BURK**
Street Address (P.O. Box Number is Not Acceptable) **715 DIXIE HWY #6**
City **ST-AUGUSTINE** FL Zip Code **32084**

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  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	GRUENTHER, RICHARD	
STREET ADDRESS	3604 HARBOR DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODTHWAITE, ELIZABETH	
STREET ADDRESS	3601 HARBOR DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FREDETTE, CLAIRE	
STREET ADDRESS	3605 HARBOR DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ASHTON, MARIAN	
STREET ADDRESS	3503 HARBOR DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUECKER, PETER	
STREET ADDRESS	3501 HARBOR DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCALLON, WILLIAM	
STREET ADDRESS	3508 HARBOR DR.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUENTHER, RICHARD	
STREET ADDRESS	3604 HARBOR DR	
CITY-ST-ZIP	ST-AUGUSTINE, FL 32084	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDTHWAITE, ELIZABETH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STELLING, RUDI	
STREET ADDRESS	3608 HARBOR DR	
CITY-ST-ZIP	ST-AUGUSTINE, FL 32084	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YORK, ROBERT	
STREET ADDRESS	3603 HARBOR DR.	
CITY-ST-ZIP	ST-AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  President 940 926 6944