

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90391 007 ****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

P.O. BOX 4306
 SAINT AUGUSTINE FL 32085
 US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2785680

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURK, MARIA
71 S DIXIE HWY 6
SAINT AUGUSTINE FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	GRUENTHER, RICHARD	3604 HARBOR DR	SAINT AUGUSTINE FL 32084	<input type="checkbox"/>
D	GOLDTHWALE, ELIZABETH	3601 HARBOR DR	SAINT AUGUSTINE FL 32084	<input type="checkbox"/>
DT	STELLING, RUDY RUDY	3608 HARBOR DR	SAINT AUGUSTINE FL 32084	<input type="checkbox"/> CHANGE
DP	YORK, ROBERT	3603 HARBOR DR	SAINT AUGUSTINE FL 32084	<input type="checkbox"/>
D	RUECKER, PETER	3501 HARBOR DRIVE	SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	GOLDTHWAITE, ELIZABETH	3601 HARBOR DR	SAINT AUGUSTINE, FL 32084	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	McCALLON, WILLIAM	3508 HARBOR DR	SAINT AUGUSTINE, FL 32084	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]

4/13/07

9048296394

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Page #