

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
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:

P.O. BOX 4306
SAINT AUGUSTINE, FL 32085 US

New Mailing Address:

THE PRINT SHOP 71 S. DIXIE HIGHWAY #6
SAINT AUGUSTINE, FL 32084 US

FEI Number: 59-2785680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURK, MARIA
71 S DIXIE HWY 6
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: D () Delete
Name: GRUENTHER, RICHARD
Address: 3604 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: DT () Delete
Name: STELLING, RUDY
Address: 3608 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DP () Delete
Name: YORK, ROBERT
Address: 3603 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D (X) Delete
Name: MCCALLON, WILLIAM
Address: 3508 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32094 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: GRUENTHER, RICHARD
Address: 3604 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVP (X) Change () Addition
Name: NORDBY, RICHARD
Address: 3601 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT (X) Change () Addition
Name: STELLING, RUDI
Address: 3608 HARBOR DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: ROBERT YORK

DP

05/02/2008

Electronic Signature of Signing Officer or Director

_____ Date