

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11349

FILED
Jun 05, 2009
Secretary of State

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:

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

New Mailing Address:

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

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

Title: DT () Delete
Name: STELLING, RUDI
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: () Delete
Name:
Address:
City-St-Zip:

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: DVP () Change (X) Addition
Name: MCCALLON, BARBARA
Address: 3508 HARBOUR DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

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

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06/05/2009

Electronic Signature of Signing Officer or Director

_____ Date