2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N12869

Entity Name: HARBOUR CIRCLE AT LONGBOAT KEY CLUB ASSOCIATION, INC.

Current Principal Place of Business:

HARBOUR CIRCLE
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

HARBOUR OAKS DRIVE
LONGBOAT KEY, FL 34228 US

Current Mailing Address:

5500 MARINA DR
SUITE 1
HOLMES BEACH, FL 34217 US

New Mailing Address:

FEI Number: 59-2671856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEROLD, WILLIAM M JR
550 MARINA DR
SUITE 1
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

HEROLD, WILLIAM M JR
5500 MARINA DR
SUITE 1
HOLMES BEACH, FL 34217 US

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: _____ 01/27/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOOD, ARTHUR
Address: HARBOUR OAKS DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete
Name: LEVINE, MARION
Address: 2358 HARBOUR OAKS DR.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete
Name: DIETRICH, JAMES
Address: 2335 HARBOUR OAKS DR.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DTS ( ) Delete
Name: TATA, ROBERT
Address: 2350 HARBOR OAKS DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete
Name: DRIBEN, ROGER
Address: 2348 HARBOR OAKS DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete
Name: ST. HILAIRE, BEVERLY
Address: 2315 HARBOUR OAKS DR
City-St-Zip: LONGBOAT KEY, FL 34228

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: ( ) 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: ARTHUR WOOD DP 01/27/2009
Electronic Signature of Signing Officer or Director — Date