



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90374 024 \*\*\*\*61.25

<b>DOCUMENT # N17682</b> 1. Entity Name <b>HARMONY ISLAND CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>100 VISTA ROYALE BLVD. VERO BEACH, FL 32962</b>			Mailing Address <b>100 VISTA ROYALE BLVD. VERO BEACH, FL 32962</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01122006    Chg-NP    CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>65-0034220</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORNETT, JANE L CORNETT, GOOGE &amp; ASSOCIATES P.A. 401 EAST OSCEOLA ST., 1ST FLOOR STUART, FL 34994</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLASS, JESSIE M 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NIELSEN, ROBERT 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TOMPKINS, RICHARD 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARMAN, HELEN 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMMERS, COWEN 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANE EDMONDS 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHN FRESCA 100 VISTA ROYALE VERO	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOM GADDY 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRED WHITET 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRED WHITET 100 VISTA ROYALE BLVD VERO BEACH, FL 32962	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>4/20/06</b> Daytime Phone #: <b>772 5694342</b>					