


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 039 ****61.25

DOCUMENT # N17682		
1. Entity Name HARMONY ISLAND CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962		Mailing Address 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962



2. Principal Place of Business - No P.O. Box # 333 17TH ST		3. Mailing Address 333 17TH ST	
Suite, Apt. #, etc. SUITE 2L		Suite, Apt. #, etc. SUITE 2L	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
Zip 32960	Country USA	Zip 32960	Country USA

03012007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0034220	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORNETT, JANE L CORNETT, GOUGE & ASSOCIATES P.A. 401 EAST OSCEOLA ST., 1ST FLOOR STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASS, JESSIE M 100 VISTA ROYALE BLVD VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REILLY, JOHN J. JR 333 17TH ST SUITE 2L VERO BEACH, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRESCA, JOHN 100 VISTA ROYALE BLVD VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 333 17TH ST SUITE 2L VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOMPKINS, RICHARD 100 VISTA ROYALE BLVD VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLACK, FERWIN E. 333 17TH ST SUITE 2L VERO BEACH, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADDY, TOM 100 VISTA ROYALE BLVD VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITTET, FRED 100 VISTA ROYALE BLVD VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONDS, JANE 100 VISTA ROYALE BLVD VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 333 17TH ST SUITE 2L VERO BEACH, FL 32960 <input checked="" 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.

SIGNATURE: John Fresca Jr. **4/25/07 772 2996532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #