

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17747

FILED  
May 16, 2007  
Secretary of State

**Entity Name:** SAFE HARBOUR VILLAGE CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8253 NAVARRE PARKWAY  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

1957 HWY 87  
NAVARRE, FL 32566 US

**New Mailing Address:**

**FEI Number:** 59-2885026 **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:**

FRANKLIN, MARTHA  
1957 HWY 87  
NAVARRE, FL 32566 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: PRES ( ) Delete  
Name: MELVIN, SAMUEL J  
Address: 8253 NAVARRE PKWY, #D-204  
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete  
Name: CAROTA, TONY  
Address: 8253 NAVARRE PKWY., #104  
City-St-Zip: NAVARRE, FL 32566

Title: T ( ) Delete  
Name: LAWRENCE, SHERRI  
Address: 8253 NAVARRE PKWY., #D-106  
City-St-Zip: NAVARRE, FL 32566

Title: S ( ) Delete  
Name: LAWSON, JAMES  
Address: 8253 NAVARRE PKWY., #206  
City-St-Zip: NAVARRE, FL 32566

Title: MEM ( ) Delete  
Name: MCELMURRY, LINDA  
Address: 8253 NAVARRE PKWY B-201  
City-St-Zip: NAVARRE, FL 32566

**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:

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: TONY CAROTA

VP

05/16/2007

Electronic Signature of Signing Officer or Director

Date