

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90157 038 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N17747 1. Entity Name SAFE HARBOUR VILLAGE CONDOMINIUM OWNERS' ASSOCIATION, INC.			
Principal Place of Business 8253 NAVARRE PARKWAY NAVARRE, FL 32566		Mailing Address 1957 HWY 87 NAVARRE, FL 32566 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country 		3. Mailing Address P.O. Box 6268 Suite, Apt. #, etc. City & State Navarre, FL Zip Country 32566 US	
		04032008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2885026	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, MARTHA 1957 HWY 87 NAVARRE, FL 32566		7. Name and Address of New Registered Agent Name Robert Lynch, Esq., Lynch & Law Firm, PA Street Address (P.O. Box Number is Not Acceptable) 1901 Andorra St. City Navarre FL Zip Code 32566	
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.</small>		(NOTE: Registered Agent signature required when reinstating) DATE 4-4-08	
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRES MELVIN, SAMUEL J 8253 NAVARRE PKWY., #D-204 NAVARRE, FL 32566	TITLE	S/D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP CAROTA, TONY 8253 NAVARRE PKWY., #104 NAVARRE, FL 32566	TITLE	VP/D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T LAWRENCE, SHERRI 8253 NAVARRE PKWY., #D-106 NAVARRE, FL 32566	TITLE	MEM/D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S LAWSON, JAMES 8253 NAVARRE PKWY., #206 NAVARRE, FL 32566	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MEM MCELMURRY, LINDA 8253 NAVARRE PKWY B-201 NAVARRE, FL 32566	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	P/D Rice, Michael 8253 Navarre Pkwy D-104 Navarre, FL 32566
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: MARK W. WOOLARD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date April 4, 2008 Daytime Phone # 850-376-7794	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Addition:

TITLE	T/D
NAME	WOOLARD, MARK
STREET ADDRESS	8253 NAVARRE PKWY D-206
CITY – ST - ZIP	NAVARRE, FL 32566