2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N17747

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:

PO BOX 6268
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-2885026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCHARD & LAW FIRM, PA
1901 ANDORRA ST
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: S/D ( ) Delete
Name: MELVIN, SAMUEL J
Address: 8253 NAVARRE PKWY, #D-204
City-St-Zip: NAVARRE, FL 32566

Title: V/D ( ) Delete
Name: CAROTA, TONY
Address: 8253 NAVARRE PKWY, B-104
City-St-Zip: NAVARRE, FL 32566

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

Title: P/D ( ) Delete
Name: RICE, MICHAEL
Address: 8253 NAVARRE PKWY, D-104
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change ( ) Addition
Name: JEWELL, ANITA J
Address: 8253 NAVARRE PKWY, #B-204
City-St-Zip: NAVARRE, FL 32566

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: T/D ( ) Change (X) Addition
Name: WOOLARD, MARK W
Address: 8253 NAVARRE PKWY. D-206
City-St-Zip: NAVARRE, FL 32566

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: MARK W. WOOLARD T/D 02/13/2009

Electronic Signature of Signing Officer or Director — Date