

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23033

FILED
Apr 27, 2006
Secretary of State

Entity Name: HARBOR VIEW CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9121 N MILITARY TRAIL
SUITE 222
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

9121 N MILITARY TRAIL
SUITE 222
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 65-0031561 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOPKINS, MARY
9121 N MILITARY TRAIL
SUITE 222
PALM BEACH GARDENS, FL 33410 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: PD () Delete
Name: HEADBERG, BRENT A
Address: 220 LAKE SHORE DR #3
City-St-Zip: LAKE PARK, FL 33403

Title: DV () Delete
Name: RIGBY, MATTHEW L
Address: 220 LAKE SHORE DR #6
City-St-Zip: LAKE PARK, FL 33403

Title: TD () Delete
Name: CHENEY, KAY
Address: 220 LAKE SHORE DR #4
City-St-Zip: LAKE PARK, FL 33403

Title: AT () Delete
Name: HOPKINS, MARY S
Address: 9121 N MILITARY TRAIL, #222
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY S HOPKINS

AT

04/27/2006

Electronic Signature of Signing Officer or Director

Date