

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23321

FILED
Apr 15, 2009
Secretary of State

Entity Name: HARBOUR COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2410 HARBOUR COVE DR.
FT. PIERCE, FL 34949

New Principal Place of Business:

2400 HARBOUR COVE DR.
FT. PIERCE, FL 34949

Current Mailing Address:

835 20TH PLACE
VERO BEACH, FL 32960

New Mailing Address:

2400 HARBOUR COVE DR.
FT. PIERCE, FL 34949

FEI Number: 65-0153372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE ESQ.
401 EAST OSCEOLA STREET, 1ST FLOOR
RIVER OAK CENTER
STUART, FL 34994 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: SEC () Delete
Name: KAREN, NASS
Address: 2448 HARBOUR COVE DR.
City-St-Zip: FORT PIERCE, FL 34949

Title: TRES () Delete
Name: FRAZEE, GEORGE
Address: 2438 HARBOR COVE DR
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: RAY, GEORGE
Address: 2416 HARBOUR COVE DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: P () Delete
Name: LEASE, OWEN
Address: 2508 HARBOUR COVE DRIVE
City-St-Zip: FORT PIERCE, FL 34949

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: MERSBERGER, PETE
Address: 2488 HARBOUR COVE DRIVE
City-St-Zip: FORT PIERCE, FL 34949

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: D () Change (X) Addition
Name: KLINE, BILL
Address: 2508 HARBOUR COVE DRIVE
City-St-Zip: FT. PIERCE, FL 34949

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: OWEN LEASE

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date