2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24095

FILED Feb 05, 2009 Secretary of State

Entity Name: HARBOUR CLUB COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 100 BLUFF VIEW DRIVE BELLEAIR BLUFFS, FL 33770 US **Current Mailing Address: New Mailing Address:** C/O PBM 5901 SUN BLVD ST. PETERSBURG, FL 33715 US FEI Number: 59-2873087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **PBM** 5901 SUN BLVD 203 ST. PETERSBURG, FL 33715 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BURDICK, DORIS BANDY, JOANN Name: Name: 100 BLUFFVIEW DR # A-210 Address: 100 BLUFFVIEW DR Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770 Title: () Delete Title: (X) Change () Addition TURNER, CHUCK Name: MACY, LARRY Name: Address: 100 BLUFFVIEW DR # C-106 Address: 100 BLUFFVIEW DR City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770 Title: () Delete Title: (X) Change () Addition HANNAS, TONY NETTESTAD, ED Name: Name: 100 BLUFF VIEW DRIVE #B309 100 BLUFF VIEW DRIVE #B309 Address: Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: () Delete Name: HILLIER, CLARIS 100 BLUFF VIEW DRIVE #A212 Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 Title: () Delete SJOLIE, FRANK Name: 100 BLUFF VIEW DRIVE #C606 Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 Title: (X) Delete

Name: PROULX, NORM
Address: 100 BLUFF VIEW DRIVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D (X) Change () Addition
Name: LOVE, RICHARD
Address: 100 BLUFF VIEW DRIVE #C606
City-St-Zip: BELLEAIR BLUFFS, FL 33770

KOUTSOURAIS, SUE

100 BLUFF VIEW DRIVE

BELLEAIR BLUFFS, FL 33770

(X) Change () Addition

Title: () Change () Addition Name: Address:

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.

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: WCN RA 02/05/2009