2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N25915

Entity Name: HARBOR LODGE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

833 EISENHOWER
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5505 N. ATLANTIC AVE.
SUITE 207
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-1551890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODARD, BRUCE
833 EISENHOWER
#103
KEY WEST, FL 33040 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:	P	( ) Delete
Name:	WOODARD, BRUCE	
Address:	833 EISENHOWER DR. #103	
City-St-Zip:	KEY WEST, FL 33040	
Title:	VP	( ) Delete
Name:	BLUMENTHAL, LOWELL	
Address:	833 EISENHOWER DR. #201	
City-St-Zip:	KEY WEST, FL 33040	
Title:	T	( ) Delete
Name:	WALDMAN, SID	
Address:	833 EISENHOWER DR. #302	
City-St-Zip:	KEY WEST, FL 33040	
Title:	S	( ) Delete
Name:	WALDMAN, AUDREY	
Address:	833 EISENHOWER DR. #302	
City-St-Zip:	KEY WEST, FL 33040	

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 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: KAREN HEADRICK AGEN 04/22/2009

Electronic Signature of Signing Officer or Director — Date