# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2009**
**Secretary of State**

DOCUMENT# N28516

**Entity Name:** HARBOUR LINKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2059 HARBOUR LINKS DR.
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

2059 HARBOUR LINKS DR.
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number: 65-0194182** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEE, BRUCE
2059 HARBOUR LINKS DR.
LONGBOAT KEY, FL 34228 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: | VP | ( ) Delete |
| Name: | LEE, BRUCE | |
| Address: | 2059 HARBOUR LINKS DR | |
| City-St-Zip: | LONGBOAT KEY, FL 34228 | |
| Title: | S | ( ) Delete |
| Name: | FEDERRICI, LINDA | |
| Address: | 2059 HARBOUR LINKS DRIVE | |
| City-St-Zip: | LONGBOAT KEY, FL 34228 | |
| Title: | T | ( ) Delete |
| Name: | NICHOLL, LOUIS | |
| Address: | 2059 HARBOUR LINKS DR | |
| City-St-Zip: | LONGBOAT KEY, FL 34228 | |
| Title: | P | ( ) Delete |
| Name: | NOVAK, DAVID | |
| Address: | 2059 HARBOUR LINKS DRIVE | |
| City-St-Zip: | LONGBOAT KEY, FL 34228 | |

**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: DAVID NOVAK P 03/26/2009

Electronic Signature of Signing Officer or Director — Date