

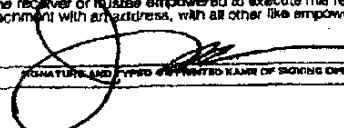
Apr 29 2008 4:09PM HP LASERJET FAX
04/17/2008 18:04 904-737-4700

ANSBACHEI

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90050 001 ***122.50

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N29965			
1. Entity Name HARBOUR NORTH PARK ASSOCIATION, INC.			
Principal Place of Business 4510 BEACON DR. W. JACKSONVILLE, FL 32225 US		Mailing Address 4510 BEACON DR. W. JACKSONVILLE, FL 32225 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3033132		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, P.A. 8818 GOODBYS EXECUTIVE DRIVE JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUPERT, HENRY 11125 LANDS END JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBI LEE 4581 Harbour North Court Jacksonville, FL 32225 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOULION, LYNN 11136 LANDS END LANE JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRY RUPERT 11125 LANDS END Jacksonville, FL 32225 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ONEIL, JAMES J 4510 BEACON DRIVE WEST JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Justin de Caden 4573 Harbour North Court Jacksonville, FL 32225 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERTRAND, JONATHAN 11107 SAILPOINT LANE JACKSONVILLE, FL 32225 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO ANNE Huesinger 11139 Sail Point LA. Jacksonville FL 32225 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.			
SIGNATURE: 		4-29-08 904-333-1659	