2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35283

FILED Jan 30, 2008 Secretary of State

Entity Name: OCEAN HARBOUR OF ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 87851 OLD HWY ISLAMORADA, FL 33036 **Current Mailing Address: New Mailing Address:** 87851 OLD HWY ISLAMORADA, FL 33036 FEI Number: 65-0182787 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: GUSTINGER, KRISTINA 87851 OLD HWY ISLAMORADA, FL 33036 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 () Change () Addition ALLISON, RONALD Name: Name: 87851 OLD HWY M45 Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: () Delete Title: (X) Change () Addition STANLEY, BRYAN Name: CAPPS, RICHARD Name: Address: 87851 OLD HWY P25 Address: 87851 OLD HWY M05 City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: (X) Change () Addition CURRAN, WILLIAM CURRAN, WILLIAM Name: Name: 87851 OLD HWY K46 87851 OLD HWY K46 Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: (X) Change () Addition POJEDNIC, JON Name: GILMAN, DAVID Name: 87851 OLD HIGHWAY M42 Address: PO BOX 11007 Address: City-St-Zip: FORT LAUDERDALE, FL 33339 City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: (X) Change () Addition FOSTER, JIM FOSTER, JIM Name: Name: 87851 OLD HIGHWAY M25 87851 OLD HIGHWAY M25 Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036

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: KRISTINA GUSTINGER MGR 01/30/2008