2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

DOCUMENT # N37670 1. Entity Name HARBOUR PLACE CONDOMINIUM ASSOCIATION, INC.							02-21-	_	3 036 ****	61.25	
Principal Place of Business 201 FRONT ST 103 KEYWEST, FL 33040 US		Mailing Address 201 FRONT ST 103 KEYWEST, FL 33040 US					 	18 ANN 1887 BAN N	FANI BYNN BIÂNI ÂNÎ		1111 1 14 9 1.18 1 11
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02072008	Chg-NP	CR2	E037 (12/06)		
City & State		City & State					4. FEI Numb 65-018				pplied For ot Applicable
Žip	Country	Zip		Cou	intry		5. Certificate	of Status Des	ired 🗌	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
CHRISTIA	N. STERLING J				Name						!
201 FRON	IT ST, STE 103 T, FL 33040					ddress (i	P.O. Box Numb	er is Not Acce	ptable)		
	,,, = ====										
1			C							FL Zip Cod	le
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, lybed or brailegt name of registered agent and little if approximately. (NOTE: Registered Agent signature required when reinstating) OATE											
	Stonature, typed or plinted name of registered agen	t and little if applical					when reunstating)	2/	04	TE	
	Signature, lybed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008	t and title if appacal		E: Registere	d Agent signatu		\$5.00 May I Added to Fees			neck payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D		9. Election Ca Trust Fund	E: Registere	d Agent signatu Financing fion.	re required	\$5.00 May I Added to Fees	ANGES TO O	Florida De	, .	tate
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Fluthrei 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 orath; 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 attactment with an address, with all other like empowered.

SIGNATURE: _

MACUSEEN ANTHONY G. MARCUSEEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

630-887-8606

Daytime Phone #