

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37670

FILED
Feb 25, 2009
Secretary of State

Entity Name: HARBOUR PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

201 FRONT ST
103
KEYWEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

201 FRONT ST
103
KEYWEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0185727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIAN, STERLING J
201 FRONT ST, STE 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: PD () Delete
Name: MARCUSSEN, TONY
Address: 135 EAST 8TH STREET
City-St-Zip: HINSDALE, IL 60521

Title: TD () Delete
Name: BURRINGTON, WILL
Address: 411 NORTH NEW RIVER DR. E #3706
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: MURPHY, SUSAN
Address: 115 FRONT ST #204
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: TSOUTSOURIS, JAMES
Address: 121 EAST LINCOLN WAY
City-St-Zip: VALPARAISO, IN 46383

Title: SD () Delete
Name: SCHRUFER, BILL
Address: 113 FRONT ST #208
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARCUSSEN, ANTHONY G
Address: 1402 BURR RIDGE CLUB DRIVE
City-St-Zip: BURR RIDGE, IL 60527

Title: TD (X) Change () Addition
Name: RAMSEY, HARRY
Address: 9 WESTON DRIVE
City-St-Zip: MOHNTON, PA 19540

Title: D (X) Change () Addition
Name: MURPHY, SUSAN
Address: 630 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040

Title: VD (X) Change () Addition
Name: TSOUTSOURIS, JAMES
Address: 5 LINCOLN WAY
City-St-Zip: VALPARAISO, IN 46383

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: ANTHONY G. MARCUSSEN

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date