2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2007 8:00 am Secretary of State

DOCUMENT # N39398 1. Entity Name HARBOUR POINTE OWNERS' ASSOCIATION, INC.									0007 0	49 ****	61.25
Principal Place P.O. BOX 102 PALM CITY, F	23	Mailing Address P.O. BOX 1023 PALM CITY, FL 34991	BOX 1023				40043	226			
<u> </u>		1									
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address					HO 19190 LOCADO (11190 1	ALEI IEH EH		 	ILLIAL BH 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02072007	Chg-NP		CR2E03	7 (12/06)	
City & State		City & State				4. FEI Numb 65-024					pplied For ot Applicable
Žip	Country	Zip	Cour	ntry		5. Certificate	of Status Des	ired		8.75 Ac	ditional
	6. Name and Address of Current	Registered Agent				7. Name and	Address of I	New Reg			
ROSS, DEBORAH L ESQ.				Name							
759 S. FEDERAL HWY., SUITE 212 STUART, FL 34994				Street Ad	idress (P.	O. Box Numb	er is Not Acce	ptable)			
			Ì	City					FL	Zip Co	de
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s registere	d office or r	registere	d agent, or bo	th, in the State	of Florid	la. I am f	amiliar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent										
		and the rappicacie. (NO	TE: Registered	Agent signatur	re required w	hen reinstating)	•		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	empaign Fi	nancing		5.00 May E			e check	payable ment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DR	9. Election Ca Trust Fund	empaign Fi	nancing		\$5.00 May B		Florida	e check Depart	ment of S	itate
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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. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered of 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 an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Date

Despring Phone #