

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90015 031 ****61.25

DOCUMENT # N39398 1. Entity Name HARBOUR POINTE OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1023 PALM CITY, FL 34991			Mailing Address P.O. BOX 1023 PALM CITY, FL 34991		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0248005	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ. 759 S. FEDERAL HWY., SUITE 212 STUART, FL 34994				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P ALBERT, KEN <input checked="" type="checkbox"/> Delete 937 SW LIGHTHOUSE DR STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARRY RICHMOND 1026 SW LIGHTHOUSE DR. PALM CITY FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete GAUTHIER, DAVID 1162 SW LIGHTHOUSE DR PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVID GAUTHIER 1162 SW LIGHTHOUSE DR. PALM CITY FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete YODICE, KEN 657 SW LIGHTHOUSE DR PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nancy Vogel 1202 SW Lighthouse Dr. Palm City FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - <input type="checkbox"/> Delete DORAN, ANDREW 1098 SW LIGHTHOUSE DR PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDREW DORAN 1098 SW LIGHTHOUSE DR. PALM CITY FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SARGENT, KEVIN 889 SW LIGHTHOUSE DR PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KEVIN SARGENT 889 SW Lighthouse Dr. Palm City FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address with all other like empowered.					
SIGNATURE:			3-25-08 772-781-0010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		