

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39398

FILED
Feb 03, 2009
Secretary of State

Entity Name: HARBOUR POINTE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1023
PALM CITY, FL 34991

New Principal Place of Business:

11210 SW FOX BROWN RD.
INDIANTOWN, FL 34956

Current Mailing Address:

P.O. BOX 1023
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 65-0248005 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSS, DEBORAH L ESQ.
759 S. FEDERAL HWY., SUITE 212
STUART, FL 34994 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: VP () Delete
Name: RICHMOND, HARRY
Address: 1026 SW LIGHTHOUSE DR
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: GAUTHIER, DAVID
Address: 1162 SW LIGHTHOUSE DR
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: VOGEL, NANCY
Address: 1202 SW LIGHTHOUSE DR
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: DORAN, ANDREW
Address: 1098 SW LIGHTHOUSE DR
City-St-Zip: PALM CITY, FL 34990

Title: P () Delete
Name: SARGENT, KEVIN
Address: 889 SW LIGHTHOUSE DR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUSAK, BARBARA
Address: 1146 SW LIGHTHOUSE DR
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEVIN SARGENT

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date