


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90002 026 \*\*\*\*61.25

<b>DOCUMENT # N50415</b>	
1. Entity Name <b>HARBOR VILLAGE AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>A.R. CHOICE MANAGEMENT 333 17th ST, SUITE 2L VERO BEACH, FL 32960 US</b>	Mailing Address <b>A.R. CHOICE MANAGEMENT 333 17th ST, SUITE 2L VERO BEACH, FL 32960 US</b>
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01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business <b>333 17th street Suite 2L Vero Beach, FL 32960 US</b>	3. Mailing Address <b>333 17th street Suite 2L Vero Beach, FL 32960 US</b>
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4. FEI Number <b>65-0370330</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROMANOK, ALAN P 333 17TH STREET SUITE 2L VERO BEACH, FL 32960</b>	
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7. Name and Address of New Registered Agent Name <b>Alan P. Romano</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS													
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1"> <tr> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>D, VP, S</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>D Yunker, Merritt 333 17th street, Suite 2L Vero Beach, FL 32960</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> </table>	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D Yunker, Merritt 333 17th street, Suite 2L Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: DM Casey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #