2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002886

FILED Apr 23, 2008 Secretary of State

Entity Name: GRAND HARBOUR AT HARBOUR POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
215 GRAN SUITE 200	D BLVD.		us			.pai i iaot		
MIRAMAR BEACH, FL 32550 US Current Mailing Address:					New Mailing Address:			
_					New maining Address.			
215 GRAN SUITE 200 MIRAMAR	D BLVD. BEACH, FL 3:	2550	US					
FEI Number:	59-3217268	FEI Nu	ımber Applied For ()	FEI Nur	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent	Registered Agent:		Name and	Address	of New Registered Agent:	
215 GRAN SUITE 200		2550 U	S					
	named entity s of Florida.	ubmits	this statement for the p	urpose c	of changing it	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent							Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () GANGER, JOAN 1823 IDLEWILD RICHLAND, MI	BEACH			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	KYLE, STEVEN		R E 3RD FLOOR 18 US		Title: Name: Address: City-St-Zip:	DV SAUSE, CH 205 EDNA POLAND, G		
Title: Name: Address: City-St-Zip:	DST () BOHM, WERNE 320 KEARNEY / SANTE FE, NM	4VE #4	s		Title: Name: Address: City-St-Zip:	DST JONES, JO PO BOX 20 BRENTWO		
Title: Name: Address: City-St-Zip:	()	Delete			Title: Name: Address: City-St-Zip:		() Change (X) Addition ON, LEE TCHESTER DR UGE, LA 70810 US	
Title: Name: Address: City-St-Zip:	()	Delete			Title: Name: Address: City-St-Zip:	D REDDING, PO BOX 1: HAMPTON		

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: JOANN JONES S 04/23/2008