## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002886

FILED Apr 24, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 215 GRAND BLVD. SUITE 200 MIRAMAR BEACH, FL 32550 US **New Mailing Address: Current Mailing Address:** 215 GRAND BLVD. SUITE 200 MIRAMAR BEACH, FL 32550 US FEI Number: 59-3217268 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORMLEY, TERRY P 215 GRAND BLVD. SUITE 200 MIRAMAR BEACH, FL 32550 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition GANGER, JOANNE EDMONDS, DARRYL Name: Name: 1823 IDLEWILD BEACH DR Address: 602 POST OAK CIR Address: City-St-Zip: RICHLAND, MI 49083 US City-St-Zip: BRENTWOOD, TN 37027 US Title: DV () Delete Title: (X) Change ( ) Addition SAUSE, CHRIS Name: SAUSE, CHRIS Name: Address: 205 EDNA ST Address: 205 EDNA ST City-St-Zip: POLAND, OH 44514 US City-St-Zip: POLAND, OH 44514 US Title: DST () Delete Title: () Change () Addition JONES, JOANN Name: Name: Address: PO BOX 2025 Address: City-St-Zip: BRENTWOOD, TN 37024 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: HERRINGTON, LEE Name: Address: 1555 WESTCHESTER DR Address: City-St-Zip: BATON ROUGE, LA 70810 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition REDDING, PAT COTTER, BILLY Name: Name: PO BOX 1238 PO BOX 310475 Address: Address: HAMPTON, NH 03843 US City-St-Zip: City-St-Zip: ENTERPRISE, AL 36331 US

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 04/24/2009