2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001412

FILED May 01, 2006 Secretary of State

Entity Name: HARBOURTOWNE AT COUNTRY WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1697 NANTUCKET CT PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 1697 NANTUCKET COURT PALM HARBOR, FL 34683 US FEI Number: 65-0530802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEZER, STEVEN H P.A 1212 COURT STREET SUITE B CLEARWATER, FL 33756 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: (X) Change () Addition () Delete ZELSKI, MIKE GRUTCHFIELD, SCOTT Name: Name: 3261 SANDY RIDGE DR Address: 2918 HILLCREEK CIRCLE SOUTH Address: City-St-Zip: CLEARWATER, FL 33761 CA City-St-Zip: CLEARWATER, FL 33759 US Title: PD Title: (X) Change () Addition () Delete MCNAMARA, CHRISTOPHER Name: MCNAMARA, CHRISTOPHER Name: Address: 1697 NANTUCKET CT Address: 1697 NANTUCKET CT City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 US Title: () Delete Title: (X) Change () Addition DIERKING, O. R. LAZZARA, ANTHONY Name: Name: 117 NORTH STREET 4525 REDWOOD DRIVE Address: Address: City-St-Zip: ATCHISON, KS 66002 CA City-St-Zip: NORRIDGE, IL 60706 US Title: Title: () Change (X) Addition () Delete Name: Name: ALLEN, MARC Address: Address: P O BOX 523 City-St-Zip: City-St-Zip: PALM HARBOR, FL 34682 US Title: () Delete Title: () Change (X) Addition BAHNG, DANNY Name: Name: 760 BARNUM WAY Address: Address: MONTEREY PARK, CA 91754 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER M. MCNAMARA SD 05/01/2006