

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90044 021 \*\*\*\*61.25

DOCUMENT # N94000002874  
 1. Entity Name  
**HARBOUR GREENS @ LACUNA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 C/O AGI 1284 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062 US  
 C/O AGI 1284 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062 US



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/04)  
 4. FEI Number **65-0653660**  
 Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TODD, GREG P**  
 C/O AGI  
 1284 SOUTH FEDERAL HIGHWAY  
 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent  
 Name **Davenport Property Mgmt.**  
 Street Address (P.O. Box Number is Not Acceptable) **4620 Lake Worth Rd. #E**  
 City **Lake Worth** FL Zip Code **33467**

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 Elizabeth Hutton DATE 3/17/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD NAME HUMES, JAMES STREET ADDRESS 6218 HARBOUR GREENS DR. CITY-ST-ZIP LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE VP NAME TREMBLEY, CAROL STREET ADDRESS 6090 HARBOUR GREENS DRIVE CITY-ST-ZIP LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE TD NAME KASE, HARVEY- STREET ADDRESS 6234 HARBOUR GREEN DR. CITY-ST-ZIP LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE D NAME RAYMOND, BETTY STREET ADDRESS 6151 HARBOUR GREENS DRIVE CITY-ST-ZIP LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE D NAME BEHM, SUE STREET ADDRESS 6234 HARBOUR GREENS DRIVE CITY-ST-ZIP LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE S NAME Charles Beshara STREET ADDRESS 6155 Harbour Greens Dr. CITY-ST-ZIP Lake Worth, FL 33467	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME Charles Beshara STREET ADDRESS 6155 Harbour Greens Dr. CITY-ST-ZIP Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] Date 3-10-05 (561) 439-7152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #