


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90230 042 ****61.25

DOCUMENT # N94000002874

1. Entity Name
HARBOUR GREENS @ LACUNA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O DAVENPORT PROF. PROP. MGMT. INC.
 6620 LAKE WORTH ROAD STE E
 LAKE WORTH, FL 33467 US**

Mailing Address
**C/O DAVENPORT PROF. PROP. MGMT. INC.
 6620 LAKE WORTH ROAD STE E
 LAKE WORTH, FL 33467 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0653660

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**ROSENTHAL, DAVID
 % PHOENIX MANAGEMENT, INC.
 3032 JOG RD
 LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 David C Rosenthal DATE 4-25-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D KASE, HARVEY**
 STREET ADDRESS **6182 HARBOUR GREENS DR.**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D TREMBLEY, CAROL**
 STREET ADDRESS **6090 HARBOUR GREENS DRIVE**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VTD GARAMELLA, GARY**
 STREET ADDRESS **6082 HARBOUR GREENS DR.**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD WENG, PETER**
 STREET ADDRESS **6166 HARBOUR GREENS DRIVE**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CODA, JEANNE**
 STREET ADDRESS **6086 HARBOUR GREENS DR**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: [Signature] DATE 4-25-2008 DAYTIME PHONE # 561-964-1580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR