

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002874

FILED  
Mar 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0653660      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSENTHAL, DAVID  
% PHOENIX MANAGEMENT , INC.  
3032 JOG RD  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: KASE, HARVEY  
Address: 6182 HARBOUR GREENS DR.  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: TREMBLEY, CAROL  
Address: 6090 HARBOUR GREENS DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VTD ( ) Delete  
Name: GARAMELLA, GARY  
Address: 6082 HARBOUR GREENS DR.  
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete  
Name: WENG, PETER  
Address: 6166 HARBOUR GREENS DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: CODA, JEANNE  
Address: 6086 HARBOUR GREENS DR  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER WENG

PD

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date