

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