


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90102 038 \*\*\*\*61.25

<b>DOCUMENT # N94000003009</b>	
1. Entity Name <b>HARBOUR POINT MARINA PROPERTY OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O PRIME MGMT GROUP, INC 400 TONEY PENNA DRIVE JUPITER, FL 33458 US</b>	Mailing Address <b>C/O PRIME MGMT GROUP, INC 400 TONEY PENNA DRIVE JUPITER, FL 33458 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. <b>2014 W. INDIANTOWN RD #200</b>	Suite, Apt. #, etc. <b>2014 W. INDIANTOWN RD #200</b>
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City & State	City & State
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Zip	Country	Zip	Country
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40106387



03302007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0512729</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>TAGUE, JOHN W III C/O PRIME MANAGEMENT GROUP, INC 400 TONEY PENNA DRIVE JUPITER, FL 33458</b>	7. Name and Address of New Registered Agent Name <b>JAY STEVEN LEVINE, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2500 NORTH MILITARY TRAIL</b> <b>SUITE 283</b> City <b>BOCA RATON</b> FL Zip Code <b>33431</b>
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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 	<b>pres</b>	<b>4/30/7</b>
(NOTE: Registered Agent signature required when reinstating)		

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHAMNESS, BRAD 1452 HARBOUR POINT DR PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Peterson, Jim 1412 Harbour Point Drive Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PRICE, RON 701 HARBOUR POINT DR PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Sanders, Tom 2245 Monet Road Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINLEY, LAWRENCE 741 HARBOUR POINT DR PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST The Honorable David Adams 737 Harbour Point Drive Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SANDERS, TOM 2245 MONET ROAD PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PODELL, RICHARD 1436 HARBOUR POINT DR PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: 	<b>4/16/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date