2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003009

FILED Feb 11, 2009 Secretary of State

Entity Name: HARBOUR POINT MARINA PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	MGMT GROI DIANTOWN F L 33458 L				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
C/O PRIME MGMT GROUP, INC 2074 W. INDIANTOWN RD #200 JUPITER, FL 33458 US					
FEI Number: (65-0512729	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
LEVINE, PA, JAY STEVEN 2500 NORTH MILITARY TRAIL SUITE 283 BOCA RATON, FL 33431 US 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			nt	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PETERSON, JII 1412 HARBOUF		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SANDERS, TON 2245 MONET R		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ADAMS, THE H		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ZALE, DONALD 2241 MONET R		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PODELL, RICH 1436 HARBOUF		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: THE HON. DAVID ADAMS P 02/11/2009