
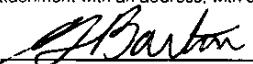


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90065 024 ****61.25

DOCUMENT # N94000005132					
1. Entity Name HARBOR'S EDGE #2 AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O A.R. CHOICE MGMT, INC. 333 17TH STREET, SUITE 2L VERO BEACH, FL 32960			Mailing Address C/O A.R. CHOICE MGMT, INC. 333 17TH STREET, SUITE 2L VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0561937	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROMANO, ALAN P. A.R. CHOICE MGMT., INC. 333 17TH STREET, SUITE 2L VERO BEACH, FL 32960			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAVOOR, RICHARD		NAME		
STREET ADDRESS	333 17TH ST, SUITE 2L		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32960		CITY - ST - ZIP		
TITLE	DP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTON, GERALD		NAME		
STREET ADDRESS	333 17TH ST, SUITE 2L		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32960		CITY - ST - ZIP		
TITLE	DS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YUNKER, WILLIAM		NAME		
STREET ADDRESS	333 17TH ST SUITE 2L		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32960		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: 			GERALD BARTON		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-11-08 772-7316		
			<small>Date Daytime Phone #</small>		