## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 04, 2008 08:00 A Secretary of State DOCUMENT # N9400005160 1. Entity Name HARBOR ROAD NORTH, JUPITER HEIGHTS DOCK OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3492 HARBOR RD NORTH 3492 HARBOR ROAD NORTH JUPITER FL 33469 JUPITER FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apr. #. etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Beguired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEO, PETER H Street Address (P.O. Box Number is Not Acceptable) 3492 HARBOR ROAD NORTH JUPITER FL 33469 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or primed name of registered against and such supercases (NOTE: Beg stored Agont signation into a red which reinstating) DATE ga maramanang FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Ð TITLE ☐ Defete TITLE Change Addition U00000882017 04/16/08-80024-004 61.25 LEO, PETER H NAME NAME 3492 HARBOR ROAD NORTH STREET ADDRESS STREET ADDRESS CITY - ST - ZIP JUPITER FL 33469 CITY-ST-ZiP TITLE ☐ Delate TITLE Change Addition SETTLES, CONNIE NAME NAME 3486 HARBOR ROAD NORTH STREET ADDRESS STREET ADDRESS JUPITER FL 33469 CITY-ST-ZIP CITY-ST-ZP Delete TITLE TIT1 F Change Addition NAME CHANCE, DANIEL NAME 5402 HARBOR ROAD NOORTH STREET ADDRESS STREET ADDRESS JUPITER FL 33469 CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE Delete Change Addition NAME NAME STRUCT ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete mu ☐ Change Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

then I . Las President

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