

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90102 039 ****61.25

DOCUMENT # N95000000388

1. Entity Name
**HARBOUR POINT VILLAS OF PALM BEACH COUNTY
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
**C/O PRIME MGMT GROUP, INC
400 TONEY PENNA DRIVE
JUPITER, FL 33458**

Mailing Address
**C/O PRIME MGMT GROUP, INC
400 TONEY PENNA DRIVE
JUPITER, FL 33458**

40106386



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2014 W. INDIANTOWN RD #200

2014 W. INDIANTOWN RD #200

City & State

City & State

03302007 Chg-NP CR2E037 (12/06)

Zip

Country

Zip

Country

4. FEI Number
65-0555857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAGUE, JOHN W III
C/O PRIME MGMT GROUP, INC
400 TONEY PENNA DRIVE
JUPITER, FL 33458**

Name **JAY STEVEN LEVINE, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
2500 NORTH MILITARY TRAIL

SUITE 283

City **BOCA RATON**

FL Zip Code **33431**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/1
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TSD** ☒ Delete
NAME **MORGENTHAUER, BOB**
STREET ADDRESS **757 HARBOR POINT DR.**
CITY- ST- ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **VD** ☐ Delete
NAME **FINLEY, LAWRENCE**
STREET ADDRESS **741 HARBOUR POINT DRIVE**
CITY- ST- ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **PD** ☐ Delete
NAME **PODELL, RICHARD**
STREET ADDRESS **1436 HARBOUR POINT DR**
CITY- ST- ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST** ☒ Change ☐ Addition
NAME **Miller, Carole**
STREET ADDRESS **1444 HARBOUR POINT DRIVE**
CITY- ST- ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Podell **Richard I Podell** **4/16/07** **799-5367**