


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90038 028 ****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 2074 W. INDIANTOWN RD. #200 JUPITER, FL 33458	Mailing Address C/O PRIME MGMT GROUP, INC 2074 W. INDIANTOWN RD. #200 JUPITER, FL 33458
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40045747



01072008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
SEVINE, JAY STEVEN PA 2500 N MILITARY TRL. STE. 283 BOCA RATON, FL 33431	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 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) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST MILLER, CAROLE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1444 HARBAIR PARK DR.	NAME	
STREET ADDRESS	PALM BEACH GARDENS, FL 33410	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD FINLEY, LAWRENCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	741 HARBOUR POINT DRIVE	NAME	
STREET ADDRESS	PALM BEACH GARDENS, FL 33410	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD PODELL, RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1436 HARBOUR POINT DR	NAME	
STREET ADDRESS	PALM BEACH GARDENS, FL 33410	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	
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:  **Richard P. Podell** 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #