

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001564

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** HARBOURAGE PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3055 HARBOR DRIVE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

3055 HARBOR DRIVE  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 65-0787208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE #1102  
CORAL GABLES, FL 33134 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:

01/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: GLASSMAN, DAVID  
Address: 3055 HARBOR DRIVE SUITE 1101  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: PD ( ) Delete  
Name: CUMMINGS, JAN  
Address: 3055 HARBOR DRIVE SUITE 1001  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VDS ( ) Delete  
Name: WARD, JO ANN  
Address: 3055 HARBOR DRIVE SUITE 1702  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAN CUMMINGS

P,D

01/05/2007

Electronic Signature of Signing Officer or Director

Date