2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# N96000001746

Entity Name: HARBOUR ISLAND AT CUTTER SOUND ASSOCIATION, INC.

Current Principal Place of Business:

2442 SW ISLAND CREEK TRAIL
PALM CITY, FL 34990

New Principal Place of Business:

2366 SW ISLAND CREEK TRAIL
PALM CITY, FL 34990

Current Mailing Address:

PO BOX 1844
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 65-0678484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAX, SPENCER M
SACHS, SAX & KLEIN P.A.
301 YAMATO ROAD, SUITE 4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLARK, FRAN DR.
Address: 2426 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: VD ( ) Delete
Name: VEDILAGO, JAMES
Address: 2402 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: TD ( ) Delete
Name: DOLBEAU, RENE
Address: 2442 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: SD ( ) Delete
Name: ALLEN, CAROL
Address: 2412 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: EVANS, CHARLES
Address: 2366 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: SD (X) Change ( ) Addition
Name: NELSON, DARCI
Address: 2410 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Change (X) Addition
Name: ALLEN, CAROL
Address: 2412 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES EVANS TD 03/21/2008

Electronic Signature of Signing Officer or Director — Date