


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90034 035 ****61.25

| | | | | | |
|---|---------------------------------|--|---|---|--|
| DOCUMENT # N96000004940 1. Entity Name HARBOUR CLUB ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2710 FLORIDA BLVD DELRAY BEACH, FL 33483 US | | | Mailing Address 2710 FLORIDA BLVD DELRAY BEACH, FL 33483 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03072005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 65-0699959 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WEXEL, STEVEN 2710 FLORIDA BLVD DELRAY BEACH, FL 33483 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | URIOSTEGUI, JACQUE | | NAME | | |
| STREET ADDRESS | 2944 FLORIDA BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PRESBRTERO, JOHN | | NAME | | |
| STREET ADDRESS | 2948 FLORIDA BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MORRISON, CHRISTINE | | NAME | VPD | |
| STREET ADDRESS | 2954 FLORIDA BLVD | | STREET ADDRESS | NETTER, MATT | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 | | CITY-ST-ZIP | 2956 FLORIDA BLVD | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | SD | |
| STREET ADDRESS | | | STREET ADDRESS | Caprina Oventon | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 2942 Florida Blvd | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | DELRAY BEACH FL 33483 | |
| 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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 3/22/05 Daytime Phone # _____ | | |