2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N96000004940

HARBOUR CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address 60044526 2710 FLORIDA BLVD 2710 FLORIDA BLVD DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05232008 Cha-NP CR2E037 (12/06) City & State 4. FEI Number 65-0699959 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEXEL, STEVEN Street Address (P.O. Box Number is Not Acceptable) 2710 FLORIDA BLVD DELRAY BEACH, FL 33483 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. *OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition ☐ Chance PRESBRITERO, JOHN NAME STREET ADDRESS 2948 FLORIDA BLVD STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE TITLE ☐ Change Addition NAME NETTER, MATT NAME Steven Wexel STREET ADDRESS 2956 FLORIDA BLVD 2710 Florida Blud STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP Delray Beach FL 33483 TITLE Delete ☐ Change ☐ Addition OVERTON, CAPRINA NAME NAME STREET ADDRESS 2942 FLORIDA BLVD STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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.

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jun 16, 2008 8:00 am Secretary of State

06-16-2008 90001 025 ****61.25