2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004940

Entity Name: HARBOUR CLUB ASSOCIATION, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace Of Busiliess

2710 FLORIDA BLVD

DELRAY BEACH, FL 33483 US

Current Mailing Address: New Mailing Address:

2710 FLORIDA BLVD

DELRAY BEACH, FL 33483 US

FEI Number: 65-0699959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEXEL, STEVEN 2710 FLORIDA BLVD

DELRAY BEACH, FL 33483 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:

· _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:PRESBRTERO, JOHNName:THOMAN, JEFFREYAddress:2948 FLORIDA BLVDAddress:2940 FLORIDA BLVD

Address: 2948 FLORIDA BLVD Address: 2940 FLORIDA BLVD

City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete Title: DVP (X) Change () Addition Name: WEXEL, STEVEN Name: GARRIDO, MARICIO

Address: 2710 FLORIDA BLVD Address: 2950 FLORIDA BLVD
City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete Title: () Change () Addition

 Name:
 OVERTON, CAPRINA
 Name:

 Address:
 2942 FLORIDA BLVD
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33483
 City-St-Zip:

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: CAPRINA OVERTON DS 03/23/2009