


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90159 039 \*\*\*\*61.25

<b>DOCUMENT # N96000004998</b> 1. Entity Name <b>HARBOR POINTE AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4380 US HIGHWAY # 1</b> <b>VERO BEACH, FL 32967 US</b>			Mailing Address <b>4380 US HIGHWAY # 1</b> <b>VERO BEACH, FL 32967 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0711844</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SPEECHLY, CLIFFORD S JR</b> <b>4380 US HIGHWAY # 1</b> <b>VERO BEACH, FL 32967</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 <u><i>Clifford S. Speechly Jr.</i></u> <u>CLIFFORD S. SPEECHLY JR, MGR.</u> <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>NORTH, ANNABEL</b> <b>4380 US HWY 1</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BRUK, DOUGLAS</b> <b>4380 US HWY 1</b> <b>VERO BEACH, FL 32967</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>FELTON, NORRIS</b> <b>4380 US HWY 1</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>SPEECHLY, CLIFFORD S JR</b> <b>4380 US HWY 1</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>FELTON, NORRIS</b> <b>4380 U.S. HWY #1</b> <b>VERO BEACH FL 32967</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SWEENEY, Doug</b> <b>4380 U.S. HWY #1</b> <b>VERO BEACH FL 32967</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby 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.					
<b>SIGNATURE:</b> <u><i>Clifford S. Speechly Jr.</i></u> <u>CLIFFORD S. SPEECHLY JR.</u> <u>4/27/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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