


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

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90066 030 ****61.25

DOCUMENT # N97000006132 1. Entity Name HARBORSHORE AT BOCA BAY CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 800 GULF BLVD BOCA GRANDE, FL 33921	Mailing Address PO BOX 1239 BOCA GRANDE, FL 33921
---	---

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0791573	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEGSTROM, ROBERT 831-3 HARBORSHORE DR BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MALEY, MARK 847-3 HARBORSHORE DR BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ABBOTT, WILLIAM 847-2 HARBORSHORE DR BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **2-14-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #