2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N97000006132

Entity Name: HARBORSHORE AT BOCA BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

800 GULF BLVD
BOCA GRANDE, FL 33921

New Principal Place of Business:

801 GULF BLVD
BOCA GRANDE, FL 33921

Current Mailing Address:

PO BOX 1239
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 65-0791575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: HEGSTROM, ROBERT
Address: 831-3 HARBORSHORE DR
City-St-Zip: BOCA GRANDE, FL 33921

Title: DVT ( ) Delete
Name: MALEY, MARK
Address: 847-3 HARBORSHORE DR
City-St-Zip: BOCA GRANDE, FL 33921

Title: DVS ( ) Delete
Name: ABBOTT, WILLIAM
Address: 847-2 HARBORSHORE DR
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MALEY, MARK
Address: 801 GULF BLVD
City-St-Zip: BOCA GRANDE, FL 33921

Title: DVT (X) Change ( ) Addition
Name: HENNINGSON, BARBARA
Address: 801 GULF BLVD
City-St-Zip: BOCA GRANDE, FL 33921

Title: DVS (X) Change ( ) Addition
Name: STARK, CHARLES
Address: 801 GULF BLVD
City-St-Zip: BOCA GRANDE, FL 33921

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: MARK MALEY DP 02/04/2009

Electronic Signature of Signing Officer or Director — Date