





2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90159 030 ****61.25

DOCUMENT # N99000001900 1. Entity Name NORTH HARBOR VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4340 US HIGHWAY #1 VERO BEACH, FL 32967			Mailing Address 4340 US HIGHWAY #1 VERO BEACH, FL 32967		
2. Principal Place of Business 4380 U.S. Hwy #1 Suite, Apt. #, etc.		3. Mailing Address 4380 US Hwy #1 Suite, Apt. #, etc.		40068745 	
City & State VERO BEACH FL		City & State VERO BEACH FL		4. FEI Number 65-0921899	
Zip 32967		Country INDIAN RIVER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEECHLY, CLIFFORD S JR 4340 US HIGHWAY #1 VERO BEACH, FL 32967				7. Name and Address of New Registered Agent Name SPEECHLY CLIFFORD S JR Street Address (P.O. Box Number is Not Acceptable) 4380 U.S. Highway #1 City VERO BEACH FL Zip Code 32967	
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  CLIFFORD S. SPEECHLY, JR., MGR 4/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIVENUTO, JOHN 4380 US HWY A VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOWHERS, JIM 4340 US HIGHWAY #1 VERO BEACH, FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PRESTON, JAMES 4380 US HWY 1 VERO BEACH, FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SPEECHLY, CLIFFORD S JR 4380 US HWY #1 VERO BEACH, FL 32967	<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	DV BERAN, DENIS 4380 U.S. Hwy #1 VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input 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.					
SIGNATURE:  CLIFFORD S. SPEECHLY JR 4/2/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					