

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11349

**FILED**  
**Apr 26, 2013**  
**Secretary of State**  
**CC9720242202**

**Entity Name:** HARBOUR POINTE AT CAMACHEE ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

HARBOR DR  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

THE PRINT SHOP 71 S. DIXIE HIGHWAY #6  
SAINT AUGUSTINE, FL 32084 US

**FEI Number: 59-2785680**

**Certificate of Status Desired: No**

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

BURK, MARIA  
71 S DIXIE HWY 6  
SAINT AUGUSTINE, FL 32084 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

**Officer/Director Detail :**

Title DS  
Name LOUISE, THOMPSON  
Address 3503 HARBOR DR  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title DVP  
Name NORDBY, RICHARD  
Address 3601 HARBOR DR  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title DIRECTOR  
Name FARMER, RICKI  
Address 3607 HARBOR DR  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title DP  
Name YORK, ROBERT  
Address 3603 HARBOR DR  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D, TREASURER  
Name MCCALLON, BARBARA  
Address 3508 HARBOUR DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32084

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT YORK**

**PRESIDENT**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date