


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90002 048 ****61.25

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DOCUMENT # N03567					
1. Entity Name HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 615 DREAM ISLAND RD LONGBOAT KEY, FL 34228-1520		Mailing Address 615 DREAM ISLAND RD LONGBOAT KEY, FL 34228-1520			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0047145	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PFLUGNER, GEOFFREY 1 CARD MERRILL ET AL 2033 MAIN ST, STE. 101 SARASOTA, FL 34237			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, LARRY		NAME		
STREET ADDRESS	PO BOX 283		STREET ADDRESS		
CITY-ST-ZIP	MINOCQUA, WI 54548		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOWAN, WILLIAM		NAME		
STREET ADDRESS	2198 HERITAGE AVE		STREET ADDRESS		
CITY-ST-ZIP	OKEMOS, MI 48864		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOT, BOWIE		NAME		
STREET ADDRESS	THORTON WOOD 4 HUME COURT		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 212041819		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUJARDIN, DAVID		NAME		
STREET ADDRESS	615 DREAM ISLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBSTER, MARY LOU		NAME		
STREET ADDRESS	615 DREAM ISLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STYLES, R. P. G.		NAME		
STREET ADDRESS	8 YORKRIDGE ROAD WILLOWDALE		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO, M291R		CITY-ST-ZIP		
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: <u>Larry A. Baker Pres. Larry A. Baker 2-19-07</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					