

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N05000004143

Entity Name: HARBOUR ISLE AT HUTCHINSON ISLAND WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14-A HARBOUR ISLE DRIVE WEST
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

14-A HARBOUR ISLE DRIVE WEST
FORT PIERCE, FL 34949

New Mailing Address:

FEI Number: 20-2717324 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSS, DEBERAH L ESQUIRE
759 S. FEDERAL WAY STE 212
STUART, FL 34994 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: S () Delete
Name: RODGERS, DEREK
Address: 12 HARBOUR ISLE DR. WEST #106
City-St-Zip: FORT PIERCE, FL 34949

Title: VP () Delete
Name: SANDERSON, MALCOLM
Address: 21 HARBOUR ISLE WEST #106
City-St-Zip: FORT PIERCE, FL 34949

Title: T () Delete
Name: OLLIVER, KATHLEEN
Address: 26 HARBOUR ISLE WEST #203
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: D'ANDRIA, KENNETH
Address: 33 HARBOUR ISLE DR WEST #201
City-St-Zip: FORT PIERCE, FL 34949

Title: P () Delete
Name: BURBAN, KEVIN
Address: 16 HARBOUR ISLE DR. WEST #105
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: STEELE, CASSANDRA
Address: 34 HARBOUR ISLE DR WEST #PHO3
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: OLLIVER, KATHLEEN
Address: 26 HARBOUR ISLE WEST #203
City-St-Zip: FORT PIERCE, FL 34949

Title: T (X) Change () Addition
Name: D'ANDRIA, KENNETH
Address: 33 HARBOUR ISLE DR WEST #201
City-St-Zip: FORT PIERCE, FL 34949

Title: D (X) Change () Addition
Name: TOM, SULLIVAN
Address: 16 HARBOUR ISLE DR WEST #302
City-St-Zip: FT PIERCE, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN OLLIVER

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date