

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07549

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

79 MASTERS DRIVE  
ST AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

79 MASTERS DRIVE  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

FEI Number: 59-2897612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THE NEIGHBORHOOD MANAGERS  
79 MASTERS DRIVE  
ST. AUGUSTINE, FL 32084 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: VPD  
Name: BAILY, JOAN  
Address: 4225 HARBOUR ISLAND DR.  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: PD  
Name: BIRTALIN, BOB  
Address: 11191 SCHOONER CT.  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TD  
Name: GUSKE, JACQUES  
Address: 4325 HARBOUR ISLAND DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D  
Name: IMM, CHUCK  
Address: 4322 HARBOUR ISLAND DR  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D  
Name: LUEDERS, BETTY  
Address: 4337 HARBOUR ISLAND DR  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D  
Name: FERRARO, AL  
Address: 11187 SCHOONER CT  
City-St-Zip: JACKSONVILLE, FL 32225 US

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: BOB BIRTALAN

PD

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date