

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90115 030 ****61.25

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1. Entity Name

THE HOMEOWNERS' ASSOCIATION OF HARBOUR ISLES, INC.



Principal Place of Business

**700 HARBOUR ISLES WAY
NORTH PALM BEACH FL 33408**

Mailing Address

**P.O. BOX 7303
JUPITER FL 33468**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3586636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ST. JOHN, CORE, FIORE & LEMME, PA
1601 FORUM PLACE
STE 701
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME O'KEEFE, RICHARD
STREET ADDRESS 769 HARBOUR ISLES CT
CITY-ST-ZIP NORTH PALM BEACH FL ~~33408~~ **33410**

TITLE PD ☐ Delete
NAME HAESEKER, HANK
STREET ADDRESS 808 HARBOUR ISLES PLACE
CITY-ST-ZIP NORTH PALM BEACH FL ~~33408~~ **33410**

TITLE VPD ☐ Delete
NAME MCALEMAR, TIMOTHY
STREET ADDRESS 764 HARBOUR ISLES WAY
CITY-ST-ZIP NORTH PALM BEACH FL ~~33408~~ **33410**

TITLE TD ☒ Delete
NAME O'CONNER, JOSEPH
STREET ADDRESS 756 HARBOUR ISLES CT.
CITY-ST-ZIP NORTH PALM BEACH FL ~~33408~~ **33410**

TITLE D ☐ Delete
NAME SCHOLLA, PETER
STREET ADDRESS 772 HARBOUR ISLES CT
CITY-ST-ZIP NORTH PALM BEACH FL ~~33408~~ **33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Zip 33410**

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Zip 33410**

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Zip 33410**

TITLE TD ☐ Change ☒ Addition
NAME JOHN LAULETTA
STREET ADDRESS 792 HARBOUR ISLE COURT
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Zip 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John Lauletta