

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90042 025 \*\*\*\*61.25

**DOCUMENT # N99000004039**

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**

**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **VPD TD**  
NAME **BENNETT, ROBERT**  
STREET ADDRESS **793 HARBOUR ISLES PLACE**  
CITY-ST-ZIP **NORTH PALM BEACH, FL 33410**

TITLE **SD**  
NAME **HAESEKER, HANK**  
STREET ADDRESS **808 HARBOUR ISLES PLACE**  
CITY-ST-ZIP **NORTH PALM BEACH, FL 33410**

TITLE **PD**  
NAME **LAULETTA, JOHN**  
STREET ADDRESS **792 HARBOUR ISLE CT**  
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**  
*Richard O'Keefe  
769 Harbour Isles Court  
North Palm Beach FL 33408*

TITLE **PD**  
NAME **SCHOLLA, PETER**  
STREET ADDRESS **772 HARBOUR ISLES CT**  
CITY-ST-ZIP **NORTH PALM BEACH, FL 33410**

TITLE **PD**  
NAME **GARDNER, MIGNUN**  
STREET ADDRESS **765 HARBOUR ISLES PLACE**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/08**  
Date

**(561) 630-8601**  
Daytime Phone #