2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000004039

THE HOMEOWNERS' ASSOCIATION OF HARBOUR ISLES, INC.



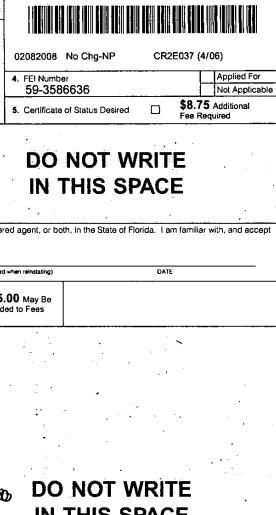
Principal Place of Business

700 HARBOUR ISLES WAY NORTH PALM BEACH, FL 33408 Mailing Address P.O. BOX 7303 JUPITER, FL 33468

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

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

40000---



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ST. JOHN, CORE, FIORE & LEMME, PA 1601 FORUM PLACE STE 701 WEST PALM BEACH, FL 33401 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, typed or printed name of registered agent and title if applicable, (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME BENNETT, ROBERT STREET ADDRESS 793 HARBOUR ISLES PLACE CITY-ST-ZIP NORTH PALM BEACH, FL 33410 SD TITLE NAME HAESEKER, HANK STREET ADORESS 808 HARBOUR ISLES PLACE CITY-ST-ZIP NORTH PALM BEACH, FL 33410 Richard O'Keete LAULETY JOHN 782 HARBOUR ISLE CT 769 Harbour ISLES COU NAME STREET ADDRESS NORTH PALM BEACH, FL 33408 NOTH Perlm DL F1 33408 CITY-ST-ZIP TITLE IN THIS SPACE SCHOLLA, PETER STREET ADDRESS 772 HARBOUR ISLES CT CITY-ST-ZIP NORTH PALM BEACH, FL 33410 GARDNER, MIGNUN NAME STREET ADDRESS 765 HARBOUR ISLES PLACE CITY-ST-7IP PALM BEACH GARDENS, FL 33410 TITLE NAME

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 employered 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 applicable.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR