

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90942 006 ****61.25

DOCUMENT # N99000004039

1. Entity Name

THE HOMEOWNER'S ASSOCIATION OF HARBOUR ISLES, IN C.



Principal Place of Business

**C/O 11631 KEW GARDENS AVENUE
PALM BEACH GARDENS FL 33410**

Mailing Address

**C/O 11631 KEW GARDENS AVENUE
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

700 HARBOUR ISLES WAY

3. Mailing Address

P.O. Box 7303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N PALM BEACH, FL

City & State

JUPITER, FL

Zip

33410

Country

Zip

33410

Country

4. FEI Number **59-3586636**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HASTINGS, VIVIAN N
24301 WALDON CENTER DRIVE
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name **St. John, Core, Fiore & Lemme, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1601 Forum Place

Suite 701

City

West Palm Beach

FL

Zip Code

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

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

David A Core, Secretary

(NOTE: Registered Agent signature required when reinstating)

2/27/03

DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PD FLINN, MILTON G C/O 11631 KEW GARDENS AVENUE PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KEELING, NORMAN C/O 11631 KEW GARDENS AVENUE PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LEONHARDT, STEVEN C/O 11631 KEW GARDENS AVENUE PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. OKEEFE, RICHARD 769 HARBOUR ISLES CT N. PALM BEACH, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HAESEKER, HANK 808 HARBOUR ISLES PLACE N PALM BEACH, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T.O. LEIKIN, JAY 746 HARBOUR ISLES WAY N. PALM BEACH, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWISHER, DIANNE 776 HARBOUR ISLES PLACE N PALM BEACH, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIRALAN, SETTY 800 HARBOUR ISLES CT. N. PALM BEACH, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHOLLA, PETER 772 HARBOUR ISLES CT N. PALM BEACH, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JAY LEIKIN

2/3/03

(561) 625-1188

CR2E037 (10/02)