### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07549

Entity Name: HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

FILED
Apr 28, 2020
Secretary of State
4961072434CC

# **Current Principal Place of Business:**

12620-3 BEACH BLVD. #301 JACKSONVILLE. FL 32246

# **Current Mailing Address:**

12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32246 US

FEI Number: 59-2897612 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JARNUTOWSKI, SHERRIE 12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32246 US

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: SHERRIE JARNUTOWSKI 04/28/2020

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DIRECTOR Title SECRETARY

Name WILLIAMS, JUDD Name VONGSAY, VIDA

Address 12620-3 BEACH BLVD. #301 Address 12620-3 BEACH BLVD. #301
City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT Title VP

Name JONES, TRIPPER Name WHITE, JAMES

Address 12620-3 BEACH BLVD. #301 Address 12620-3 BEACH BLVD. #301

City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name JONES, MIKE

Address 12620-3 BEACH BLVD. #301 City-State-Zip: JACKSONVILLE FL 32246

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: TRIPPER JONES PRESIDENT

Electronic Signature of Signing Officer/Director Detail

04/28/2020 Date