

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004039

**Entity Name:** THE HOMEOWNERS' ASSOCIATION OF HARBOUR ISLES, INC.**Current Principal Place of Business:**700 HARBOUR ISLES DRIVE  
NORTH PALM BEACH, FL 33410**Current Mailing Address:**P.O. BOX 7303  
JUPITER, FL 33468**FEI Number:** 59-3586636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIREKTOR, KENNETH S. ESQ.  
1555 PALM BEACH LAKES BLVD.  
SUITE 1220  
WEST PALM BEACH, FL 33401 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:** KENNETH S. DIREKTOR

03/28/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name           STRAUB, GLENN  
Address        4440 PGA BLVD  
                 SUITE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            DIRECTOR  
Name           WITTMAN, DEBORAH  
Address        4440 PGA BLVD.  
                 SUITE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            VP, DIRECTOR  
Name           FOX, ANDREW  
Address        4440 PGA BLVD  
                 SUITE 600  
City-State-Zip: PALM BEACH GARDENS FL

Title            DIRECTOR  
Name           CATALFUMO, DAN  
Address        4440 PGA BLVD  
                 SUITE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            SECRETARY, DIRECTOR  
Name           PERTNOY, RONNI  
Address        4440 PGA BLVD  
                 SUITE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            TREASURER, NON DIRECTOR  
Name           BALDWIN, PERRY  
Address        4440 PGA BLVD  
                 SUITE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** PERRY BALDWIN

LCAM

03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date