

2018 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:**GELFAND, MICHAEL J. 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:** MICHAEL J. GELFAND, ESQ.

03/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	HAESEKER, HANK
Address	808 HARBOUR ISLES PLACE
City-State-Zip:	NORTH PALM BEACH FL 33410

Title	SECRETARY
Name	GRIESMER, PAUL
Address	817 HARBOUR ISLES PLACE
City-State-Zip:	NORTH PALM BEACH FL 33410

Title	VP
Name	FOX, ANDREW
Address	812 HARBOUR ISLES PLACE
City-State-Zip:	NORTH PALM BEACH FL 33410

Title	PRESIDENT
Name	STARACE, LOUIS DR.
Address	788 HARBOUR ISLES PLACE
City-State-Zip:	NORTH PALM BEACH FL 33410

Title	DIRECTOR
Name	GARRANA, HENRY
Address	764 HARBOUR ISLES WAY
City-State-Zip:	NORTH PALM BEACH 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: LOUIS STARACE

PRESIDENT

03/22/2018

Electronic Signature of Signing Officer/Director Detail

Date