


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2008 90117 029 ****61.25

DOCUMENT # 749758 1. Entity Name HARBOR ISLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1 PALM HARBOR DR. VENICE, FL 34287 US			Mailing Address 1 PALM HARBOR DR. VENICE, FL 34287 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04162008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2078218	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FITZGERALD, GAIL 1 PALM HARBOR DR. VENICE, FL 34287				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, RAY		NAME	GUMBINER, LES	
STREET ADDRESS	206 SCHOONER STREET		STREET ADDRESS	368 CATAMARAN	
CITY-ST-ZIP	VENICE, FL 34287		CITY-ST-ZIP	VENICE, FL 34287	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONLEY, JOHN		NAME	DREES, JACK	
STREET ADDRESS	321 ANTHOR'S WAY		STREET ADDRESS	527 AMBERJACK	
CITY-ST-ZIP	VENICE, FL 34287		CITY-ST-ZIP	VENICE, FL 34287	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLENBERG, ROBERT		NAME	CONLEY JOHN	
STREET ADDRESS	499 AMBERJACK		STREET ADDRESS	321 ANCHOR'S WAY	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	VENICE, FL 34287	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, NANCY		NAME	FULLER, GERALD	
STREET ADDRESS	181 PALM HARBOR DR.		STREET ADDRESS	565 PORTSIDE DR	
CITY-ST-ZIP	VENICE, FL 34287		CITY-ST-ZIP	VENICE, FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NINEKIRK, DON		NAME		
STREET ADDRESS	588 PORTSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34287		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUMBINEE, LES		NAME		
STREET ADDRESS	368 CATAMARAN		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34287		CITY-ST-ZIP		
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 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: <u><i>Ray Miller</i></u>			Date: <u>4-22-08</u>		Daytime Phone #: <u>941-426-5745</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					