

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749758

FILED
Apr 01, 2009
Secretary of State

Entity Name: HARBOR ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1 PALM HARBOR DR.
VENICE, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

1 PALM HARBOR DR.
VENICE, FL 34287 US

New Mailing Address:

FEI Number: 59-2078218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, GAIL
1 PALM HARBOR DR.
VENICE, FL 34287 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GUMINER, LES
Address: 368 CATAMARAN
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: DREES, JACK
Address: 527 AMERJACK
City-St-Zip: VENICE, FL 34287

Title: D () Delete
Name: CONLEY, JOHN
Address: 321 ANCHOR'S WAY
City-St-Zip: VENICE, FL 34287

Title: S () Delete
Name: THOMPSON, NANCY
Address: 181 PALM HARBOR DR.
City-St-Zip: VENICE, FL 34287

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MILLER, RAY
Address: 206 SCHOONER ST.
City-St-Zip: VENICE, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JERRY, FULLER
Address: 565 PORTSIDE DRIVE
City-St-Zip: VENICE, FL 34287

Title: D () Change (X) Addition
Name: COMER, JIM
Address: 274 CATAMARAN COURT
City-St-Zip: VENICE, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAY MILLER

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date