


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 749776	
1. Entity Name	
HARBOUR LIGHTS CONDOMINIUM ASSOCIATION OF CAPE CORAL, INC.	

Principal Place of Business	Mailing Address
4003 S.E. 11TH PL. #107 CAPE CORAL FL 33904	4003 S.E. 11TH PL. #107 CAPE CORAL FL 33904



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
59-2075955	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NAUSTDAL, DONNA 4003 S.E. 11TH PL. #107 CAPE CORAL FL 33904		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD, HARILEY	NAME	
STREET ADDRESS	4009 SE 11TH PL #201	STREET ADDRESS	000000638943
CITY-STATE-ZIP	CAPE CORAL FL 33904	CITY-STATE-ZIP	02/28/07-80007-004 61.25
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, JIM	NAME	
STREET ADDRESS	4009 SE 11TH PL #205	STREET ADDRESS	
CITY-STATE-ZIP	CAPE CORAL FL 33904	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHLER, JOHN	NAME	
STREET ADDRESS	4003 SE 11TH PL #103	STREET ADDRESS	
CITY-STATE-ZIP	CAPE CORAL FL 33904	CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUSTDAL, DONNA	NAME	
STREET ADDRESS	4003 SE 11TH PL #107	STREET ADDRESS	
CITY-STATE-ZIP	CAPE CORAL FL 33904	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUSTDAL, OSCAR	NAME	
STREET ADDRESS	4003 SE 11TH PL #107	STREET ADDRESS	
CITY-STATE-ZIP	CAPE CORAL FL 33904	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODERICK, ROBERT	NAME	
STREET ADDRESS	4003 SE 11TH PL. #106	STREET ADDRESS	
CITY-STATE-ZIP	CAPE CORAL FL 33904	CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donna Naustdal 2-14-07 (239) 549-9578