

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 749776

1. Entity Name
**HARBOUR LIGHTS CONDOMINIUM ASSOCIATION OF
CAPE CORAL, INC.**



Principal Place of Business

**4003 S.E. 11TH PL.
#107
CAPE CORAL, FL 33904**

Mailing Address

**4003 S.E. 11TH PL.
#107
CAPE CORAL, FL 33904**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2075955

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAUSTDAL, DONNA
4003 S.E. 11TH PL.
#107
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000778125
01/10/08-80036-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAROLD, HARILEY
STREET ADDRESS	4009 SE 11TH PL #201
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	V
NAME	MYERS, JIM
STREET ADDRESS	4009 SE 11TH PL #205
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	MAHLER, JOHN
STREET ADDRESS	4003 SE 11TH PL #103
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	T
NAME	NAUSTDAL, DONNA
STREET ADDRESS	4003 SE 11TH PL #107
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	NAUSTDAL, OSCAR
STREET ADDRESS	4003 SE 11TH PL #107
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	RODERICK, ROBERT
STREET ADDRESS	4003 SE 11TH PL #106
CITY-ST-ZIP	CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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: Donna Naustdal Donna Naustdal 1-7-08 (239)549-9578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #