

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 753209



1. Entity Name
HARBOUR COTTAGES PROPERTY OWNERS'
ASSOCIATION, INC.

Principal Place of Business
C/O ISLAND REALTY & MANAGEMENT
P.O. BOX 100
SANIBEL, FL 33957 US

Mailing Address
C/O ISLAND REALTY & MANAGEMENT
P.O. BOX 100
SANIBEL, FL 33957 US

2. Principal Place of Business

do Island Management Group

Suite, Apt. #, etc.

3. Mailing Address

do Island management Group

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

PAPPAS, CAROL
ISLAND REALTY & MGMT
PO BOX 100-703 TARPO BAY RD
SANIBEL, FL 33957

7. Name and Address of New Registered Agent

Name *Steven J. Mackesy*

Street Address (P.O. Box Number is Not Acceptable)

do Island management Group

po Box 100 - 711 Tarpon Bay Road

City *Sanibel* FL Zip Code *33957*

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: Steven Mackesy

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$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 PD
NAME FROIMSON, PHYLLIS
STREET ADDRESS 19300 SHELBYNE ROAD
CITY-ST-ZIP SHAKER HEIGHTS, OH 44118

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VTD
NAME WATERHOUSE, RICHARD
STREET ADDRESS 1154 HARBOUR COTTAGE CT
CITY-ST-ZIP SANIBEL, FL 33957

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE SD
NAME MCCALLISTER, BROOKS
STREET ADDRESS 1208 HARBOUR COTTAGE CT
CITY-ST-ZIP SANIBEL, FL 33957

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Phyllis Froimison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05 216-321-4747
Date Daytime Phone #

**FILED
Apr 21, 2005 8:00 am
Secretary of State**

04-21-2005 90241 038 ****61.25