


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90162 007 ****61.25

DOCUMENT # 753209	
1. Entity Name HARBOUR COTTAGES PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US	Mailing Address C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2065795	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		7. Name and Address of New Registered Agent	
MACKESY, STEVEN J. ISLAND MANAGEMENT GROUP PO BOX 100-711 TARPON BAY RD SANIBEL, FL 33957		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROIMSON, PHYLLIS	NAME	
STREET ADDRESS	19300 SHELburne ROAD	STREET ADDRESS	
CITY-ST-ZIP	SHAKER HEIGHTS, OH 44118	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERHOUSE, RICHARD	NAME	
STREET ADDRESS	1154 HARBOUR COTTAGE CT	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLISTER, BROOKS	NAME	
STREET ADDRESS	1208 HARBOUR COTTAGE CT	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIESE, CARY	NAME	
STREET ADDRESS	1178 HARBOUR COTTAGE COURT	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, DONALD	NAME	
STREET ADDRESS	1168 HARBOUR COTTAGE COURT	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Phyllis P. Froimson* *Phyllis P. Froimson* *1-16-06* *216-321-4747*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #