


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90165 004 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # 760836</b><br>1. Entity Name<br><b>HARBOR ISLES HOMEOWNERS' ORGANIZATION, INC.</b>   |   |  |  |    |  |
| Principal Place of Business<br><b>HARBOR ISLES INC</b><br><b>VENICE, FL 34287</b>  |   |  | Mailing Address<br><b>1 PALM HARBOR DRIVE</b><br><b>VENICE, FL 34287</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  | 4. FEI Number<br><b>59-2319356</b>  |  |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BEACH, ROSE</b><br><b>HARBOR ISLES</b><br><b>447 LANSEEDGE DR</b><br><b>VENICE, FL 34287</b>   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>   |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>DEMING, DON</b><br><b>253 CUTTER CT.</b><br><b>VENICE, FL 34287</b>               | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | S<br><b>ROOKEY, Carole</b><br><b>258 Palm Harbor Dr.</b><br><b>Venice, FL 34287</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>BEACH, ROSE</b><br><b>447 LANDSCAPE DRIVE</b><br><b>VENICE, FL 34287</b>          | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | VP<br><b>Gugnacki, Ron</b><br><b>267 Captain's CT.</b><br><b>Venice, FL 34287</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br><b>PICHEA, DAN</b><br><b>645 SCHOONER ST.</b><br><b>VENICE, FL 34287</b>             | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | D<br><b>Kepner, Esther</b><br><b>268 Captain's CT.</b><br><b>Venice, FL 34287</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br><b>MEIER, SALLY</b><br><b>168 PALM HARBOR</b><br><b>VENICE, FL 34287</b>             | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | D<br><b>Leonard, Joan</b><br><b>416 Pirates Point</b><br><b>Venice, FL 34287</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br><b>PARKINSON, ELIZABETH</b><br><b>194 PALM HARBOR DR</b><br><b>VENICE, FL 34287</b> | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | D<br><b>Thirtyacre, Roy</b><br><b>605 Portside Dr.</b><br><b>Venice, FL 34287</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>COMER, MARLENE</b><br><b>274 CATAMARAN CT</b><br><b>VENICE, FL 34287</b>          | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> <u><i>Daniel A. Pichea</i></u> <b>Daniel A. Pichea</b> <u>3/31/07</u> <u>(941) 423-9452</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |   |  |