2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State
05-28-2008 90012 001 ****61.25

DOCUMENT # 760836

1. Entity Name
HARBOR ISLES HOMEOWNERS' ORGANIZATION, INC.

40105600

Principal Place of Business	Mailing Address
HARBOR ISLES INC VENICE, FL 34287	1 PALM HARBOR DRIVE VENICE, FL 34287

04272008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-2319356 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEACH, ROSE
HARBOR ISLES
447 LANDSEDGE DR
VENICE, FL 34287

7. Name and Address of New Registered Agent

Name: Ron Gugnacki
Street Address (P.O. Box Number is Not Acceptable): Harbor Isles 267 Captains Ct.
City: Venice **FL** Zip Code: 34287

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 _____ Ron Gugnacki, President 4/27/2008
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROOKEY, CAROLE 258 PALM HARBOR DR VENICE, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tres Carole Rookey 258 Palm Harbor Dr. Venice, FL 34287	☒ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GUGNACKI, RON 267 CAPTAIN'S CT VENICE, FL 34287	☐ Delete XX	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Juanita Dudzik 443 Landsedge Dr. Venice, FL 34287	☐ Change ☐ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PICHEA, DAN 645 SCHOONER ST. VENICE, FL 34287	☐ Delete XX	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Helene Fuchs 641 Schooner St. Venice, FL 34287	☐ Change ☐ Addition XXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEPNER, ESTHER 268 CAPTAIN'S CT VENICE, FL 34287	☒ Delete XXX	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir Robert Harding 452 Sharks Pt. Venice, FL 34287	☐ Change ☒ Addition XXX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONARD, JOAN 416 PIRATES POINT VENICE, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMER, MARLENE 274 CATAMARAN CT VENICE, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ 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.

SIGNATURE: _____ Carole M. Rookey 4/27/08 941-240-8995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #