

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.	

Principal Place of Business HARBOR ISLES INC VENICE, FL 34287	Mailing Address 1 PALM HARBOR DRIVE VENICE, FL 34287
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40105600

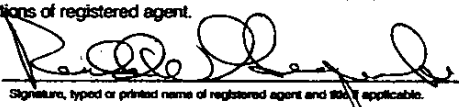


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272008 Chg-NP CR2E037 (12/06)

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 LANSEEDGE 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 fee, 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
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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 Rokey 258 Palm Harbor Dr. Venice, FL 34287 ☒ Change ☐ 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 XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Robert Harding 452 Sharks Pt. Venice, FL 34287 ☐ Change ☒ Addition XX
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. Rokey 4/27/08 941-240-8995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #