2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# 760836

Entity Name: HARBOR ISLES HOMEOWNERS' ORGANIZATION, INC.

Current Principal Place of Business:

HARBOR ISLES INC
VENICE, FL 34287

New Principal Place of Business:

Current Mailing Address:

1 PALM HARBOR DRIVE
VENICE, FL 34287

New Mailing Address:

FEI Number: 59-2319356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUGNACKI, RON
HARBOR ISLES
267 CAPTAINS CT
VENICE, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	ROOKEY, CAROLE	
Address:	258 PALM HARBOR DRIVE	
City-St-Zip:	VENICE, FL 34287	
Title:	VP	( ) Delete
Name:	DUDZIK, JUANITA	
Address:	443 LANDSEDGE DRIVE	
City-St-Zip:	VENICE, FL 34287	
Title:	S	( ) Delete
Name:	FUCHS, HELENE	
Address:	641 SCHOONER STREET	
City-St-Zip:	VENICE, FL 34287	
Title:	DIR	( ) Delete
Name:	HARDING, ROBERT	
Address:	452 SHARKS PT.	
City-St-Zip:	VENICE, FL 34287	
Title:	D	( ) Delete
Name:	LEONARD, JOAN	
Address:	416 PIRATES POINT	
City-St-Zip:	VENICE, FL 34287	
Title:	D	( ) Delete
Name:	COMER, MARLENE	
Address:	274 CATAMARAN CT	
City-St-Zip:	VENICE, FL 34287	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE ROOKEY T 04/03/2009
Electronic Signature of Signing Officer or Director — Date