2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000034690

1. Entity Name
HARBOUR ISLES CONDO LLC

Principal Place of Business	Mailing Address
580 S BREVARD AVE 813 COCOA BEACH, FL 32931	2194 HWY A1A 210 INDIAN HARBOUR BEACH, FL 32937

DO NOT WRITE IN THIS SPACE

01122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1102075
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GEERTSMA, GARRY P
2194 HWY A1A
210
INDIAN HARBOUR BEACH, FL 32937

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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 _____ 2/8/06
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BELTER, MARK
STREET ADDRESS	5561 RIDGEVIEW BLVD
CITY-ST-ZIP	N RIDGEVILLE, OH 44039
TITLE	MGR
NAME	GEERTSMA, GARRY P
STREET ADDRESS	2194 HWY A1A #210
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	MGR
NAME	GEERTSMA, SUSAN B
STREET ADDRESS	2194 HWY A1A #210
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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02/13/06-80073-007 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 2/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #