

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # L04000034690

1. Entity Name
HARBOUR ISLES CONDO LLC



Principal Place of Business
**580 S BREVARD AVE
813
COCOA BEACH, FL 32931**

Mailing Address
**2194 HWY A1A
210
INDIAN HARBOUR BEACH, FL 32937**



03162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed 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, 2007**

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	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000675043
03/30/07-80003-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Garry P. Geertsma
3/16/07 321-7738108