

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000773

FILED
Jan 18, 2005
Secretary of State

Entity Name: HARBOUR CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

RON POINDEXTER
11018 HARBOUR CAY COURT
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

ROBERT SCHLEEF
11034 HARBOR CAY CT
JACKSONVILLE, FL 32225

New Mailing Address:

ROBERT SCHLEEF
11034 HARBOR CAY CT
JACKSONVILLE, FL 32225

FEI Number: 59-3721912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRABTREE, R.R. ESQ.
C.O CRABTREE & FALLAR P.A.
8375 DIX ELLIS TRAIL STE 401
JACKSONVILLE, FL 32256 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: PD () Delete
Name: POINDEXTER, RON
Address: 11018 HARBOUR CAY CRT
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: WHITE, HOUSTON
Address: 11026 HARBOUR CAY CRT
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: SCHLEEF, ROB
Address: 11034 HARBOUR CAY CRT
City-St-Zip: JACKSONVILLE, FL 32225

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT SCHLEEF

TD

01/18/2005

Electronic Signature of Signing Officer or Director

Date