

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90279 024 ****61.25

DOCUMENT # N0000000773

1. Entity Name

HARBOUR CAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

RON POINDEXTER
 11018 HARBOUR CAY COURT
 JACKSONVILLE FL 32225

ROBERT SCHLEEF
 11034 HARBOR CAY CT
 JACKSONVILLE FL 32225



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

Applied For

JAX FL

JAX FL

59-3721912

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

32225

USA

32225

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRABTREE, R.R. ESQ.
 C.O CRABTREE & FALLAR P.A.
 8375 DIX ELLIS TRAIL STE 401
 JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POINDEXTER, RON	
STREET ADDRESS	11018 HARBOUR CAY CRT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITE, HOUSTON	
STREET ADDRESS	11026 HARBOUR CAY CRT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHLEEF, ROB	
STREET ADDRESS	11034 HARBOUR CAY CRT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Schleef, Rob	
CITY-ST-ZIP	SAME	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brook, Lixidson	
STREET ADDRESS	11042 Harbor Cay Ct	
CITY-ST-ZIP	JAX FL 32225	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beque, Kandi	
STREET ADDRESS	Treasurer	
CITY-ST-ZIP	11066 Harbor Cay Ct	
CITY-ST-ZIP	JAX FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kandi R. Beque - Kandi R. Beque 904-463-