

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000773

FILED
Feb 08, 2008
Secretary of State

Entity Name: HARBOUR CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

RON POINDEXTER
11034 HARBOUR CAY COURT
JACKSONVILLE, FL 32225

New Principal Place of Business:

ROBERT SCHLEEF
11034 HARBOR CAY COURT
JACKSONVILLE, FL 32225

Current Mailing Address:

KANDI BEGUE
11066 HARBOR CAY CT
JACKSONVILLE, FL 32225

New Mailing Address:

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:

BROCK, LINDSEY ESQ.
11042 HARBOR CAY COURT
JACKSONVILLE, FL 32225 US

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: LINDSEY BROCK

02/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LINDSEY, BROCK
Address: 11042 HARBOR CAY CT
City-St-Zip: JACKSONVILLE, FL 32225

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

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

Title: T () Delete
Name: REGUE, KANDI R
Address: 11066 HARBOR CAY CT
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:

Title: T (X) Change () Addition
Name: BEGUE, KANDI R
Address: 11066 HARBOR CAY CT
City-St-Zip: JACKSONVILLE, FL 32225

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: KANDI BEGUE

T

02/08/2008

Electronic Signature of Signing Officer or Director

Date