


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90213 026 ****61.25

DOCUMENT # N00000005793	
1. Entity Name HARBOR ISLAND AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 4820 20TH AVE VERO BEACH, FL 32967	Mailing Address 4820 20TH AVE VERO BEACH, FL 32967
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34070704



2. Principal Place of Business 4340 U. S. Highway #1 Suite, Apt. #, etc.	3. Mailing Address 4340 U. S. Highway #1 Suite, Apt. #, etc.
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04262004 Chg-NP CR2E037 (10/03)

City & State Vero Beach, FL	City & State Vero Beach, FL	4. FEI Number 65-1062473	Applied For Not Applicable
Zip 32967	Country	Zip 32967	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RULE, LISA A 4820 20TH AVE VERO BEACH, FL 32-967n

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 4340 U. S. Highway #1
City Vero Beach
State FL
Zip Code 32967

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORTH, ANNABEL 4820 20TH AVE VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT YOUNG, JENNIFER 4820 20TH AVENUE VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RULE, LISA 4820 20TH AVENUE VERO BEACH, FL 32967 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PHILLIPS, LAUREL 4820 20TH AVE VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Loewinger, Marcia R. 4340 U. S. Highway #1 Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Schregardus, Ralph B. 4340 U. S. Highway #1 Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4340 U. S. Highway #1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS North, Annabel 4340 U. S. Highway #1 Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ANNABEL NORTH 4-27-04 772-794-4380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #