

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 14, 2005  
Secretary of State

DOCUMENT# N00000005793

Entity Name: HARBOR ISLAND AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4340 US HWY 1  
VERO BEACH, FL 32967

**New Principal Place of Business:**

630 25TH STREET SW  
VERO BEACH, FL 32962

**Current Mailing Address:**

4340 US HWY 1  
VERO BEACH, FL 32967

**New Mailing Address:**

P.O. BOX 650429  
VERO BEACH, FL 32965

FEI Number: 65-1062473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RULE, LISA A  
4340 US HWY 1  
VERO BEACH, FL 32967 US

**Name and Address of New Registered Agent:**

RULE, LISA A  
630 25TH STREET SW  
VERO BEACH, FL 32962 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:

04/14/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LOEWINGER, MARCIA R  
Address: 4340 US HWY 1  
City-St-Zip: VERO BEACH, FL 32967

Title: DVT ( ) Delete  
Name: SCHREGARDUS, RALPH B  
Address: 4340 US HWY 1  
City-St-Zip: VERO BEACH, FL 32967

Title: M ( ) Delete  
Name: RULE, LISA  
Address: 4340 US HWY 1  
City-St-Zip: VERO BEACH, FL 32967

Title: DS ( ) Delete  
Name: NORTH, ANNABEL  
Address: 4340 US HWY 1  
City-St-Zip: VERO BEACH, FL 32967

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LOEWINGER, MARCIA R  
Address: P.O. BOX 650429  
City-St-Zip: VERO BEACH, FL 32965

Title: DVT (X) Change ( ) Addition  
Name: SCHREGARDUS, RALPH B  
Address: P.O. BOX 650429  
City-St-Zip: VERO BEACH, FL 32965

Title: M (X) Change ( ) Addition  
Name: RULE, LISA  
Address: P.O. BOX 650429  
City-St-Zip: VERO BEACH, FL 32965

Title: DS (X) Change ( ) Addition  
Name: SLAVEN, D. DAVID  
Address: P.O. BOX 650429  
City-St-Zip: VERO BEACH, FL 32965

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: LISA RULE

M

04/14/2005

Electronic Signature of Signing Officer or Director

Date