

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90034 004 ****61.25

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1. Entity Name
**HARBOUR ISLE YACHT & RACQUET CLUB
CONDOMINIUM ASSOCIATION, SECTION VI, INC.**



Principal Place of Business
**C/O P11595 KELLY ROAD
STE 309
FORT MYERS, FL 33908**

Mailing Address
**C/O P11595 KELLY ROAD
STE 309
FORT MYERS, FL 33908**

DO NOT WRITE IN THIS SPACE



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1090661

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'NEILL, ARLENE
C/O COASTAL ASSOC. MGMT OF LEE CNTY, INC.
11595 KELLY ROAD #309
FORT MYERS, FL 33908**

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IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STRAMY, ROBERT
STREET ADDRESS 15140 HARBOUR ISLE DR #402
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE STD
NAME DYCHE, GREGORY
STREET ADDRESS 15140 HARBOUR ISLE 601
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE VD
NAME LEVY, RICHARD
STREET ADDRESS 15140 HARBOUR ISLE DR #701
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08 (239) 415-8140

Date

Daytime Phone #