

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003614

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** HARBOUR ISLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614

**New Principal Place of Business:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614

**New Mailing Address:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

**FEI Number:** 01-0811251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIZZETTA & COMPANY, INC.  
3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614 US

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

RIZZETTA & COMPANY, INC.  
5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 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:

04/23/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GILLETTE, J. THOMAS III  
Address: 1200 RIVERPLACE BOULEVARD, SUITE 630  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete  
Name: RUTHERFORD, THADDEUS D  
Address: 340 GIRALD AVENUE, UNIT 511  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Delete  
Name: SIGISMUND, STANLEY  
Address: 7147 PELICAN ISLAND DRIVE  
City-St-Zip: TAMPA, FL 33634

**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:

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: J. THOMAS GILLETTE

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date