2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003614

FILED Apr 22, 2009 Secretary of State

Entity Name: HARBOUR ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5844 OLD PASCO ROAD SUITE 100 WESLEY CHAPEL, FL 33544

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition Name: GILLETTE, J. THOMAS III Name: SANDLER, STEVEN

Address: 1200 RIVERPLACE BOULEVARD, SUITE 630 Address: 448 VIKING DRIVE STE 200 City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: VIRGINIA BEACH, FL 23452

Title: VP () Delete Title: VD (X) Change () Addition

Name:RUTHERFORD, THADDEUS DName:SANDLER, ARTHURAddress:340 GIRALD AVENUE, UNIT 511Address:448 VIKING DRIVE STE 200City-St-Zip:CORAL GABLES, FL 33134City-St-Zip:VIRGINIA BEACH, FL 23452

Title: STD () Delete Title: VSTD (X) Change () Addition Name: SIGISMUND, STANLEY Name: BENSON, NATHAN

 Address:
 7147 PELICAN ISLAND DRIVE
 Address:
 448 VIKING DRIVE STE 200

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 VIRGINIA BEACH, FL 23452

Title: () Delete Title: VAS () Change (X) Addition

Name:Name:GOTTLIEB, RAYMONDAddress:Address:448 VIKING DRIVE STE 200City-St-Zip:City-St-Zip:VIRGINIA BEACH, FL 23452

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: STEVEN SANDLER PD 04/22/2009