2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08829

FILED Mar 16, 2009 Secretary of State

Entity Name: HARBOUR ISLAND COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
777 S HAR STE 270 TAMPA, FL	BOUR ISLANI						
				New Maili	ng Address	z·	
Current Mailing Address:				new main	ng Address	··	
3001 EXECUTIVE DRIVE STE 260 CLEARWATER, FL 33762 US				101 EAST KENNEDY BLVD., STE.#2800 BANK OF AMERICA PLAZA TAMPA, FL 33602 US			
FEI Number:	59-2539519	FEI Number Applied For ()	FEI Num	nber Not App	licable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address o	f New Registered Agent:	
CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD STE 270 TAMPA, FL 33602 US				SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BLVD. STE#2800 BANK OF AMERICA PLAZA TAMPA, FL 33602 US of changing its registered office or registered agent, or both,			
in the State		submits this statement for the p	ourpose of	r cnanging i	ts registered	a oπice or registered agent, or	potn,
SIGNATUR	RE: JOHN INC	GLIS				03/16/2009	
	Electron	ic Signature of Registered Age	ent			Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGE	ES TO OFFICERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	P () SCHLINGMAN, 1039 ROYAL PA TAMPA, FL 336	ASS RD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () WIGH, STEVE 3111 W MLK JF TAMPA, FL 336			Title: Name: Address: City-St-Zip:	VP WIGH, STE\ 3111 W MLH TAMPA, FL	K JR BLVD 300	
Title: Name: Address: City-St-Zip:	D () MARCUS, JILL 501 KNIGHTS R TAMPA, FL 336			Title: Name: Address: City-St-Zip:	S/T MARCUS, JI 501 KNIGHT TAMPA, FL	S RUN AVE #6103	
Title: Name: Address: City-St-Zip:	ST () CONSTANTINO 607 TROPICAL TAMPA, FL 336	BREEZE WAY		Title: Name: Address: City-St-Zip:	D FINLAY, DA\ 740 SEAGA ⁻ TAMPA, FL	TE DRIVE	
Title: Name: Address: City-St-Zip:	CAROTENUTO,	BAY BLVD STE 600		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TANZER, JED 1116 ABBEYS \ TAMPA, FL 336			Title: Name: Address: City-St-Zip:		() Change () Addition	

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: DAVID SCHLINGMAN P 03/16/2009