


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90004 028 \*\*\*\*61.25

<b>DOCUMENT # N15689</b> 1. Entity Name <b>HARBOR ISLES CONDOMINIUM ASSOCIATION OF BREVARD, INC.</b>					
Principal Place of Business <b>600 S. BREVARD AVE. COCOA BCH. FL 32931</b>			Mailing Address <b>600 S. BREVARD AVE. COCOA BCH. FL 32931</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2857032</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF C/O C. JOHN CHRISTENSEN 2500 MAITLAND CENTER PARKWAY STE 209 MAITLAND FL 32751</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUILFOYLE, JOHN</b> <b>630 S BREVARD AVE #1131</b> <b>COCOA BEACH FL 32931</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUSSO, JIM</b> <b>5805 BREVARD AVE #833</b> <b>COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mr ARMAND GAUDREAU</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>630 S. Brevard Ave. #1136</b> <b>Cocoa Beach, FL 32931</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>JOSEPHSON, ALICE</b> <b>630 S. BREVARD AVE. #1134</b> <b>COCOA BEACH FL 32931</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HURI, JOHN P</b> <b>560 S BREVARD AVE #634</b> <b>COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRS JANE ROBBINS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>560 S, Brevard Ave. #616</b> <b>Cocoa Beach, FL 32931</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PADGITT, CHARLES</b> <b>540 S BREVARD AVE #411</b> <b>COCOA BEACH FL 32931</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <i>Alice Josephson, Treasurer</i> <b>2/11/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					