

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90046 033 \*\*\*\*61.25

**DOCUMENT # N15689**

1. Entity Name

**HARBOR ISLES CONDOMINIUM ASSOCIATION OF  
BREVARD, INC.**



Principal Place of Business

**600 S. BREVARD AVE.  
COCOA BCH. FL 32931**

Mailing Address

**600 S. BREVARD AVE.  
COCOA BCH. FL 32931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-2857032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF C/O C. JOHN CHRISTENSEN  
2500 MAITLAND CENTER PARKWAY  
STE 209  
MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUILFOYLE, JOHN	
STREET ADDRESS	630 S BREVARD AVE #1131	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	<del>D</del> PRESIDENT	<input type="checkbox"/> Delete
NAME	GAUDREAU, ARMAND	
STREET ADDRESS	630 S. BREVARD AVE. #1136	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	JOSEPHSON, ALICE	
STREET ADDRESS	630 S. BREVARD AVE. #1134	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	<del>D</del> TREASURER	<input type="checkbox"/> Delete
NAME	ROBBINS, JANE	
STREET ADDRESS	560 S. BREVARD AVE. #616	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	<del>D</del> SECRETARY	<input type="checkbox"/> Delete
NAME	PADGITT, CHARLES	
STREET ADDRESS	540 S BREVARD AVE #411	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UBBINK, JACK	
STREET ADDRESS	570 S. BREVARD AVE #725	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEGOUILLON, DAVID	
STREET ADDRESS	530 S. BREVARD AVE #311	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:** Jane Robbins - Jane Robbins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #