

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31039

FILED
Apr 26, 2005
Secretary of State

Entity Name: HARBOUR LIGHTS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O JUDITH L. DIXON
491 HARBOUR LIGHTS DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

C/O JOAN O'CONNOR
541 HARBOUR LIGHTS DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

C/O JUDITH L. DIXON
491 HARBOUR LIGHTS DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

C/O JOAN O'CONNOR
541 HARBOUR LIGHTS DRIVE
ORMOND BEACH, FL 32174

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DIXON, JUDITH L
491 HARBOUR LIGHTS DRIVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

O'CONNOR, JOAN
541 HARBOUR LIGHTS DRIVE
ORMOND BEACH, FL 32174 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: JOAN O'CONNOR

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIXON, JUDITH L,
Address: 491 HARBOUR LIGHTS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD () Delete
Name: PADGETT, DOREEN,
Address: 481 HARBOUR LIGHTS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: SIMPSON, EMMA,
Address: 430 HARBOUR LIGHTS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLUM, HERBIE,
Address: 431 HARBOUR LIGHTS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD (X) Change () Addition
Name: O'CONNOR, JOAN,
Address: 541 HARBOUR LIGHTS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change () Addition
Name: LANCING, ERIC,
Address: 530 HARBOUR LIGHTS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOAN O'CONNOR

STD

04/26/2005

Electronic Signature of Signing Officer or Director

Date