


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N31039</b> 1. Entity Name <b>HARBOUR LIGHTS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O JOAN O'CONNOR 541 HARBOUR LIGHTS DRIVE ORMOND BEACH, FL 32174</b>	Mailing Address <b>C/O JOAN O'CONNOR 541 HARBOUR LIGHTS DRIVE ORMOND BEACH, FL 32174</b>
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**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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: *Joan O'Connor* (NOTE: Registered Agent signature required when reinstating) DATE: *April 5, 2007*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLUM, HERBIE 431 HARBOUR LIGHTS DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'CONNOR, JOAN 541 HARBOUR LIGHTS DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANSING, ERIC 530 HARBOUR LIGHTS DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000697200  
04/18/07-80031-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Joan O'Connor* *Joan O'Connor* *April 5, 2007*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #