

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38574

FILED
Mar 18, 2009
Secretary of State

Entity Name: ISLAND HOMES AT HARBOUR ISLAND NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

777 S. HARBOR ISLAND BLVD
SUITE 270
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US

New Mailing Address:

200 NORTH PINE AVENUE
SUITE A
OLDSMAR, FL 34677 US

FEI Number: 59-3055296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
777 S. HARBOUR ISLAND BLVD, STE 270
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

BRUDNY & RABIN, PA
200 NORTH PINE AVENUE
SUITE A
OLDSMAR, FL 34677 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: MICHAEL BRUDNY

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PLOTKIN, ALEX
Address: 932 ACHORAGE RD
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: SCHMIDT, PAUL
Address: 913 MOORING CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: LACASSE, J P
Address: 904 ANCHORAGE RD
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: MURTAGH, REED
Address: 935 ANCHORAGE RD
City-St-Zip: TAMPA, FL 33602

Title: DP () Delete
Name: GOLDFEDER, LOU
Address: 919 MOORING CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: FOSTER, LINDA
Address: 917 ANCHORAGE RD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MURTAGH, REED
Address: 935 ANCHORAGE RD
City-St-Zip: TAMPA, FL 33602

Title: P (X) Change () Addition
Name: GOLDFEDER, LOU
Address: 919 MOORING CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOU GOLDFEDER

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date