


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90017 044 ****61.25

DOCUMENT # N42627 1. Entity Name HARBOUR LIGHTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 144 ISLAND VIEW DR. SATELLITE BEACH, FL 32937 US			Mailing Address P.O. BOX 372515 SATELLITE BEACH, FL 32937-2515 US		
2. Principal Place of Business - No P.O. Box # 231 WATERSIDE DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State INDIAN HARBOR BEACH, FL Zip 32937		Country USA		City & State Zip Country	
4. FEI Number 59-3111716				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNARD, ERIC 231 WATERSIDE DRIVE INDIAN HARBOR BEACH, FL 32937			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Eric S. Kennard</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 1/28/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	S OSTOVICH, MISCHEL 216 WATERSIDE DR INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASKELAND, RON 102 ISLAND VIEW DR. INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNARD, ERIC 231 WATERSIDE DRIVE INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAERCHER, PAM 144 ISLAND VIEW DRIVE INDIAN HARBOR BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINEGAN, BRIAN 150 ISLAND VIEW DR. INDIAN HARBOR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAYNE, JERRY 247 WATERSIDE DR. SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN BEEMAN 204 WATERSIDE DR. INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <i>Jerry L. Payne</i> JERRY L. PAYNE, TREASURER 1/28/08 321-248-9858 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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