

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42627

FILED
Jan 27, 2012
Secretary of State

Entity Name: HARBOUR LIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

231 WATERSIDE DR
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372515
SATELLITE BEACH, FL 329372515 US

New Mailing Address:

FEI Number: 59-3111716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNARD, ERIC
231 WATERSIDE DRIVE
INDIAN HARBOR BEACH, FL 32937 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S
Name: BLUMENTHAL, DENNIS
Address: 137 ISLAND VIEW DRIVE
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: VP
Name: ASKELAND, RON
Address: 102 ISLAND VIEW DR.
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: P
Name: KENNARD, ERIC
Address: 231 WATERSIDE DRIVE
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: D
Name: PATERSON, ROBERT
Address: 148 ISLAND VIEW DRIVE
City-St-Zip: INDIAN HARBOR BEACH, FL

Title: D
Name: THOMAS, STEVEN
Address: 238 WATERSIDE DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: T
Name: FINEGAN, BRIAN
Address: 150 ISLAND VIEW DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: BRIAN FINEGAN

T

01/27/2012

Electronic Signature of Signing Officer or Director

_____ Date