

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000916

FILED
Apr 09, 2009
Secretary of State

Entity Name: HARBOUR ISLE YACHT & RACQUET CLUB MASTER ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPON BAY ROAD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0604494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY ROAD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 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:

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CURCIO, BARBARA
Address: 15100 HARBOUR ISLE DR., #802
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: KANE, RONALD
Address: 3009 WITMER ROAD
City-St-Zip: NIAGARA FALLS, NY 14385

Title: ST () Delete
Name: KENNEDY, JAN
Address: 15152 PORTSIDE DR
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: NOBLE, DONALD
Address: 15110 PORTS OF IONA DR #205
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: CONDER, DALE
Address: 15120 HARBOUR ISLE DRIVE, SUITE #402
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: KENNEDY, JAN
Address: 15152 PORTSIDE DR
City-St-Zip: FORT MYERS, FL 33908

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

Title: VD (X) Change () Addition
Name: WAITES, BILL
Address: 15194 HARBOUR ISLE DR # 1602
City-St-Zip: FORT MYERS, FL 33908

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: BARBARA CURCIO

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date