

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90016 007 \*\*\*\*61.25

<b>DOCUMENT # N95000002284</b> 1. Entity Name <b>HARBOUR ISLE YACHT &amp; RACQUET CLUB CONDOMINIUM ASSOCIATION, SECTION II, INC.</b>					
Principal Place of Business <b>11595 KELLY RD SUITE 110 FT MYERS, FL 33908 US</b>			Mailing Address <b>11595 KELLY RD SUITE 110 FT MYERS, FL 33908 US</b>		
2. Principal Place of Business - No P.O. Box # <b>13611 MCGREGOR BLVD</b>		3. Mailing Address <b>13611 MCGREGOR BLVD</b>			
Suite, Apt. #, etc. <b>STE 6</b>		Suite, Apt. #, etc. <b>STE 6</b>			
City & State <b>FORT MYERS FL</b>		City & State <b>FORT MYERS FL</b>			
Zip <b>33919</b>		Country <b>USA</b>		4. FEI Number <b>65-0604492</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>APEX MGMT SERVICES OF LEE COUNTY 11595 KELLY RD SUITE 110 FORT MYERS, FL 33908</b>			7. Name and Address of New Registered Agent Name <b>APEX MANAGEMENT SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>13611 MCGREGOR BLVD</b> <b>STE 6</b> City <b>FORT MYERS FL</b> Zip Code <b>33919</b>		
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 <u><i>Grace J. Murray, CAM</i></u> <b>GRACE J. MURRAY, CAM</b> <span style="float: right;">4-10-08</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD HENLEY, ROBERT 15200 PORTSIDE DR, # 2002 FORT MYERS, FL 33908</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD EBBETS, SUSAN 15194 PORTSIDE DR, # 1902 FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD DESSECKER, DENNIS R 15208 PORTSIDE DR, # 2101 FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD DUFINETZ, CHRISTIE 15188 PORTSIDE DR, #1802 FORT MYERS FL 33908</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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. <b>SIGNATURE: <u><i>Dennis R. Dessecker</i></u> <b>DENNIS R. DESSECKER (239) 437-8400</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					