

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004661

FILED
Apr 24, 2012
Secretary of State

Entity Name: HARBOUR ISLES @ LACUNA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVENPORT PROF. PROP. MGMT. INC.
6620 LAKE WORTH ROAD STE F
LAKE WORTH, FL 33467 US

New Principal Place of Business:

C/O DAVENPORT PROF PROP MGMT INC.
6620 LAKE WORTH ROAD STE F
LAKE WORTH, FL 33467 US

Current Mailing Address:

C/O DAVENPORT PROF. PROP. MGMT. INC.
6620 LAKE WORTH ROAD STE F
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 65-0792632 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATES, P.A.
150 SOUTH PINE ISLAND RD
STE 540
PLANTATION, FL 33324 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: PD
Name: GREENBERG, NEIL
Address: 6620 LAKE WORTH ROAD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: VPSD
Name: CALI, RICHARD
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: TD
Name: PETRONELLA, ANGELA
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

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: N. GREENBERG

PD

04/24/2012

Electronic Signature of Signing Officer or Director

Date