

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90238 011 \*\*\*\*61.25

**DOCUMENT # N97000005410**

1. Entity Name  
**HARBOUR ISLE YACHT & RACQUET CLUB  
CONDOMINIUM ASSOCIATION, SECTION IV, INC.**



Principal Place of Business  
**15100 HARBOUR ISLE DR  
FORT MYERS, FL 33908**

Mailing Address  
**11595 KELLY RD  
#309  
FORT MYERS, FL 33908**



03282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0908075**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**O. NEILL, ARLENE  
11595 KELLY RD  
#309  
FORT MYERS, FL 33908**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
KIRBY, LYNN  
15100 HARBOUR ISLE DR.  
FORT MYERS, FL 33908**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CURCIO, BARBARA  
15100 HARBOUR ISLE DR #802  
FORT MYERS, FL 33908**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
YOCHUM, ARLENE  
15100 HARBOUR ISLE DR #202  
FORT MYERS, FL 33908**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/08 239.542.5430**

Date

Daytime Phone #