


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90049 009 ****61.25

DOCUMENT # N98000004341	
1. Entity Name HARBOUR ISLE ESTATES HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business C/O APEX MANAGEMENT 11595 KELLY RD STE 110 FORT MYERS, FL 33908 US	Mailing Address C/O TOP MANAGEMENT OF SW FL INC 16681 MCGREGOR BLVD #104 FT MYERS, FL 33908 US
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40068018



2. Principal Place of Business - No P.O. Box # 13611 MCGREGOR BLVD	3. Mailing Address 13611 MCGREGOR BLVD
Suite, Apt. #, etc. STE 6	Suite, Apt. #, etc. STE 6

04022008 Chg-NP CR2E037 (12/06)

City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33919	Zip 33919
Country USA	Country USA

4. FEI Number 65-0908079	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent APEX MGMT SERVICES OF LEE COUNTY 11595 KELLY RD STE 110 FORT MYERS, FL 33908	
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7. Name and Address of New Registered Agent Name APEX MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 13611 MCGREGOR BLVD STE 6 City FORT MYERS FL Zip Code 33919	
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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 *Grace J Murray, CAM* *GRACE J MURRAY, CAM* *4-10-08*
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEALEY, ROBERT 15146 PORTSIDE DR. FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ESBER, ALBERT 15176 PORTSIDE DR FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, JAMES 15170 PORTSIDE DR FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GORDER, ROBERT 15136 PORTSIDE DR. FORT MYERS FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WADE, ERIKA 15140 PORTSIDE DR FORT MYERS FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

SIGNATURE: *Erika L Wade* *ERIKA WADE* *4-11-08 (239) 437-8400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #