



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90238 009 \*\*\*\*61.25

<b>DOCUMENT # N98000006598</b>					
<b>1. Entity Name</b> HARBOUR ISLE YACHT & RACQUET CLUB CONDOMINIUM ASSOCIATION SECTION V, INC.					
<b>Principal Place of Business</b> 16681 MCGREGOR BLVD 104 FORT MYERS, FL 33908			<b>Mailing Address</b> 16681 MCGREGOR BLVD 104 FORT MYERS, FL 33908		
<b>2. Principal Place of Business - Not P.O. Box #</b> 11595 KELLY ROAD Suite, Apt. #, etc. #309 City & State FT. MYERS, FL Zip 33908 Country USA		<b>3. Mailing Address</b> 11595 KELLY ROAD Suite, Apt. #, etc. #309 City & State FT. MYERS Zip 33908 Country USA			
03262008    Chg-NP    CR2E037 (12/06)		<b>4. FEI Number</b> 65-0908077		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Name and Address of Current Registered Agent</b> TOP MGMT OF SWFI, INC 16681 MCGREGOR BLVD #D104 FORT MYERS, FL 33908			
<b>7. Name and Address of New Registered Agent</b> Name ARLENE O'NEILL Street Address (P.O. Box Number is Not Acceptable) 900 COASTAL ASSOC MGMT 11595 KELLY ROAD #309 City FT. MYERS FL Zip Code 33908		<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.</b> SIGNATURE: <u>Arlene O'Neill</u> DATE: <u>4/11/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>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	PD KIRBY, LYNN 15120 HARBOUR ISLE DR #D701 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'BRIEN, KEVIN A 15120 HARBOUR ISLE DR#601 FORT MYERS, FL 33908 <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	D CONDER, DALE 15120 HARBOUR ISLE DR #402 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <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		
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		
<b>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 the empowered.</b>					
<b>SIGNATURE:</b> <u>Kevin O'Brien</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/11/08</u> Daytime Phone #			