

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000004039**

1. Entity Name

The Homeowner's Association of
HARBOR ISLES, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O

3. Mailing Address

Suite, Apt. #, etc.

11631 Kew Gardens Avenue

Suite, Apt. #, etc.

11631 Kew Gardens Ave.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

593586636

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Vivien N. HASTINGS

Street Address (P.O. Box Number is Not Acceptable)

24301 Walden Center Drive

Bonita Springs

City

FL

Zip Code

334134

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
MILTON G. FLINN D
11631 KEW GARDENS AVENUE
Palm Beach Gardens FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice Pres.
Norman KEELING D
11631 KEW GARDENS AVENUE
PALM GARDENS Beach Gardens FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC. / Treasurer
STEVEN LEONHARDT D
11631 KEW GARDENS AVENUE
Palm Beach Gardens FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Norman Keeling

V. PRES

1-23-02

(71) 776-1311