

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90399 024 ****61.25

DOCUMENT # N99000004039

1. Entity Name

THE HOMEOWNER'S ASSOCIATION OF HARBOUR ISLES, INC.



Principal Place of Business

700 HARBOUR ISLES WAY
NORTH PALM BEACH FL 33408

Mailing Address

P.O. BOX 7303
JUPITER FL 33468

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

ST. JOHN, CORE, FIORE & LEMME, PA
1601 FORUM PLACE
STE 701
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'KEEFE, RICHARD 769 HARBOUR ISLES CT NORTH PALM BEACH FL 33408	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAESEKER, HANK 808 HARBOUR ISLES PLACE NORTH PALM BEACH FL 33408	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIKIN, JAY 746 HARBOUR ISLES PLACE NORTH PALM BEACH FL 33408	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWISHER, DIANNE 776 HARBOUR ISLES PLACE NORTH PALM BEACH FL 33408	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRALAIV, SETTY 800 HARBOUR ISLES CT NORTH PALM BEACH FL 33408	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOLLA, PETER 772 HARBOUR ISLES CT NORTH PALM BEACH FL 33408	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEIKIN, JAY	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNER, JOSEPH 756 HARBOUR ISLES CT NORTH PALM BEACH, FL 33408	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☐ Change ☐ Addition

12. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAY LEIKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 (561) 625-1188
Date Daytime Phone #