

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004039

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE HOMEOWNERS' ASSOCIATION OF HARBOUR ISLES, INC.

Current Principal Place of Business:

700 HARBOUR ISLES WAY
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7303
JUPITER, FL 33468

New Mailing Address:

FEI Number: 59-3586636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BENNETT, ROBERT
Address: 793 HARBOUR ISLES PLACE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: SD () Delete
Name: HAESEKER, HANK
Address: 808 HARBOUR ISLES PLACE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: PD () Delete
Name: O'KEEFE, RICHARD
Address: 769 HARBOUR ISLES COURT
City-St-Zip: NORTH PALM BEACH, FL 334080

Title: PD () Delete
Name: SCHOLLA, PETER
Address: 772 HARBOUR ISLES CT
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: D () Delete
Name: GARDNER, MIGNUN
Address: 765 HARBOUR ISLES PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: O'KEEFE, RICHARD
Address: 769 HARBOUR ISLES COURT
City-St-Zip: NORTH PALM BEACH, FL 334080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MONK, BOB
Address: 777 HARBOUR ISLES COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. JAHN

MGR

04/16/2009

Electronic Signature of Signing Officer or Director

Date