

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07549

**Entity Name:** HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

12758 MUIRFIELD BLVD SOUTH  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

PO BOX 351676  
JACKSONVILLE, FL 32235 US

**FEI Number:** 59-2897612

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GORILLA GROUP  
12758 MUIRFIELD BLVD SOUTH  
JACKSONVILLE, FL 32225 US

*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:** TERESA DIANE COELHO

09/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JONES, MICHAEL  
Address        12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

Title            SECRETARY  
Name            HUMPHREYS, HELEN  
Address        12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

Title            DIRECTOR  
Name            GIBBS, ROBERT  
Address        12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

Title            DIRECTOR  
Name            WRIGHT, JIM  
Address        12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

Title            TREASURER  
Name            LETSCHER, MARY BETH  
Address        12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

Title            DIRECTOR  
Name            BIRTALAN, ROBERT  
Address        12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

Title            DIRECTOR  
Name            BURDIAN, STEPHEN  
Address        12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL JONES

PRESIDENT

09/09/2023

Electronic Signature of Signing Officer/Director Detail

Date