

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004039

Entity Name: THE HOMEOWNERS' ASSOCIATION OF HARBOUR ISLES, INC.**Current Principal Place of Business:**700 HARBOUR ISLES DRIVE
NORTH PALM BEACH, FL 33410**Current Mailing Address:**P.O. BOX 7303
JUPITER, FL 33468**FEI Number:** 59-3586636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GELFAND, MICHAEL J. ESQ.
1555 PALM BEACH LAKES BLVD.
SUITE 1220
WEST PALM BEACH, FL 33401 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:** MICHAEL J. GELFAND, ESQ.

03/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER
Name STRAUB, GLENN
Address 4440 PGA BLVD
SUITE 600**City-State-Zip:** PALM BEACH GARDENS FL 33410**Title** PRESIDENT
Name STARACE, LOUIS DR.
Address 4440 PGA BLVD.
SUITE 600**City-State-Zip:** PALM BEACH GARDENS FL 33410**Title** VP
Name FOX, ANDREW
Address 4440 PGA BLVD
SUITE 600**City-State-Zip:** PALM BEACH GARDENS FL**Title** DIRECTOR
Name CATALFUMO, DAN
Address 4440 PGA BLVD
SUITE 600**City-State-Zip:** PALM BEACH GARDENS FL 33410**Title** SECRETARY
Name PERTNOY, RONNI
Address 4440 PGA BLVD
SUITE 600**City-State-Zip:** PALM BEACH GARDENS FL 33410

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: LOUIS STARACE

PRESIDENT

03/01/2021

Electronic Signature of Signing Officer/Director Detail

Date