

**2025 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:**790 PARK OF COMMERCE BLVD SUITE 200  
BOCA RATON, FL 33487 US**FEI Number:** 59-3586636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARROLL, KEVIN  
790 PARK OF COMMERCE BLVD  
SUITE 200  
BOCA RATON, FL 33487 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:** KEVIN CARROLL**03/12/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            WITTMAN, DEBORAH  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            MOREO, JAMES  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            SECRETARY  
Name            BROWN , THOMAS  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            VP  
Name            BRAMS, DANIEL  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            TREASURER  
Name            HAESEKER, HANK  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            FOUNTAIN, MARLA  
Address        790 PARK OF COMMERCE BLVD  
                 SUITE 200  
City-State-Zip: BOCA RATON FL 33487

*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:** DEBORAH WITTMAN**PRESIDENT****03/12/2025**

Electronic Signature of Signing Officer/Director Detail

Date