



# Idaho Corporation Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 08/31/2020

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

**Annual Report: No filing fee if received by the due date.**

**SOS Control Number:** 271723

**Filing Status:** Active-Good Standing

**Non-Profit Corporation (D)**

**Date Formed:** 08/15/1988

**Formation Locale:** ID

**Name and Mailing Address:**

HARBOR ISLAND PROPERTY OWNERS COOPERATIVE  
ASSOCIATION, INC.

5974 W HARBOR DR

COEUR D ALENE, ID 83814-9727

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**

MARY NELSON

5974 W HARBOR DR

COEUR D ALENE, ID 83814

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

| Title     | Name         | Business Address   | City, State, Zip |
|-----------|--------------|--------------------|------------------|
| President | Bob Ellis    | 6734 W. Harbor Dr. | CDA ID 83814     |
| V.PRES.   | RON GREEN    | 6107 W. Harbor Dr. | CDA ID 83814     |
| SECRETARY | NEBRA HALLIK | 6038 W. Harbor Dr. | CDA ID 83814     |
| Treasurer | MARY NELSON  | 5974 W. Harbor Dr. | CDA ID 83814     |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|------|------------------|------------------|
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |

(5) Signature:

*Mary Nelson*  
MARY NELSON

(6) Date:

7-23-20

(7) Type/Print Name:

(8) Title:

Treasurer

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0520-4099 07/27/2020 10:52 AM Received by ID Secretary of State Lawrence Denney