2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# 758236

Entity Name: HARBUR ARMS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

221 MCKENZIE AVE
PO BOX 70
PANAMA CITY, FL 32401

New Principal Place of Business:

221 MCKENZIE AVE
PANAMA CITY, FL 32401

Current Mailing Address:

221 MCKENZIE AVE
PO BOX 70
PANAMA CITY, FL 32402

New Mailing Address:

221 MCKENZIE AVE
PANAMA CITY, FL 32401

FEI Number: 58-1459928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURKE, LES W.
221 MCKENZIE AVE
PANAMA CITY, FL 32401 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: STD ( ) Delete
Name: STEWART, JOE P
Address: 300 VICTORIAN WAY
City-St-Zip: ENTERPRISE, AL 36330

Title: VD ( ) Delete
Name: DORMINEY, GARY
Address: 19947 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: PD ( ) Delete
Name: CLAXTON, LES
Address: 6110 ORCHARD WALK
City-St-Zip: CHARLESTOWN, IN 47111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LES CLAXTON PD 05/01/2007
Electronic Signature of Signing Officer or Director Date