

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758236

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** HARBUR ARMS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

221 MCKENZIE AVE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

221 MCKENZIE AVE  
PANAMA CITY, FL 32401

**New Mailing Address:**

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

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date