

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767530

FILED
Jan 07, 2009
Secretary of State

Entity Name: HARBOR PINES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

700 N. WICKHAM ROAD
SUITE 201
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

700 N. WICKHAM ROAD
SUITE 201
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-2365639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLKER, MICHAEL
700 N. WICKHAM ROAD
SUITE 201
MELBOURNE, FL 32935 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: TD () Delete
Name: COLKER, MICHAEL
Address: 700 N WICKHAM RD STE201
City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete
Name: AREADIER, MAURICIO
Address: 700 N. WICKAM ROAD, SUITE 106
City-St-Zip: MELBOURNE, FL 32935

Title: P (X) Delete
Name: BANNETT, LARRY
Address: 700 N WICKHAM RD STE 202
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: COLKER, MICHAEL
Address: 700 N WICKHAM ROAD, SUITE 201
City-St-Zip: MELBOURNE, FL 32935

Title: P (X) Change () Addition
Name: BENNETT, LARRY
Address: 700 N. WICKAM ROAD, SUITE 202
City-St-Zip: MELBOURNE, FL 32935

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: MICHAEL COLKER

TD

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date