

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90090 039 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                     |                                                                                                                                      |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N05000001243</b><br>1. Entity Name<br><b>HAROLD COURT TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                     |                                                                                                                                      |  |                                                                   |
| Principal Place of Business<br><b>2506 S. MACDILL AVENUE<br/>SUITE A<br/>TAMPA FL 33629</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                     | Mailing Address<br><b>2506 S. MACDILL AVENUE<br/>SUITE A<br/>TAMPA FL 33629</b>                                                      |                                                                                   |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                            |                                                                                   |                                                                   |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                     | City & State<br>Zip Country                                                                                                          |                                                                                   |                                                                   |
| 4. FEI Number<br><b>20-1135553</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                     |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                     |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                             |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>MAYTS, ANDREW J JR.<br/>201 N ARMENIA AVE<br/>TAMPA FL 33609</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                   |                                                                   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                     |                                                                                                                                      |                                                                                   |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and date is acceptable (NOTE: Registered Agent signature required when terminating.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                     |                                                                                                                                      |                                                                                   |                                                                   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                      | <b>\$5.00 May Be Added to Fees</b>                                                |                                                                   |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                     |                                                                                                                                      |                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>LANDERS, JAMES F<br>2506 S. MACDILL AVENUE #A<br>TAMPA FL 33629 | <input type="checkbox"/> Delete                                                     |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD<br>HUDSON, ALAN<br>2506 S. MACDILL AVENUE #A<br>TAMPA FL 33629     | <input type="checkbox"/> Delete                                                     |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STD<br>ROBERTS, KERRY<br>2506 S. MACDILL AVENUE #A<br>TAMPA FL 33629  | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | <input type="checkbox"/> Delete                                                     |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | <input type="checkbox"/> Delete                                                     |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | <input type="checkbox"/> Delete                                                     |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                       |                                                                                     |                                                                                                                                      |                                                                                   |                                                                   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                     |                                                                                                                                      | 3/22/07 813-902-0579<br><small>Date Daytime Phone #</small>                       |                                                                   |