2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
04-16-2008 90035 042 ****61.25

DOCUMENT # N05000001243

1. Entity Name
HAROLD COURT TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

60024837

Principal Place of Business	Mailing Address
2506 S. MACDILL AVENUE SUITE A TAMPA, FL 33629	2506 S. MACDILL AVENUE SUITE A TAMPA, FL 33629

04142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13907 CARROLLWOOD VILLAGE RUN	13014 N. DALE MABRY HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 356
City & State TAMPA FL	City & State TAMPA FL
Zip 33618 Country	Zip 33618 Country

4. FEI Number
20-1135553
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAYTS, ANDREW J JR. 201 N ARMENIA AVE TAMPA, FL 33609	Name GARY FAIRBANKS Street Address (P.O. Box Number is Not Acceptable) 13907 CARROLLWOOD VILLAGE RUN City TAMPA FL Zip Code 33618

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 Gary Fairbanks GARY FAIRBANKS 4/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANDERS, JAMES F 2506 S. MACDILL AVENUE #A TAMPA, FL 33629	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUDSON, ALAN 2506 S. MACDILL AVENUE #A TAMPA, FL 33629	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JASON RAPPAPORT 13014 N. DALE MABRY HWY, STE 356 TAMPA, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS GARY FAIRBANKS 13014 N. DALE MABRY HWY STE 356 TAMPA, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Gary Fairbanks GARY FAIRBANKS 4/14/08 813-269-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #