

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006259

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** HARBOR RIDGE OF PALM HARBOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

325 SOUTH BOULEVARD  
TAMPA, FL 33606

**New Principal Place of Business:**

46 W. LEMON ST.  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

325 SOUTH BOULEVARD  
TAMPA, FL 33606

**New Mailing Address:**

46 W. LEMON ST.  
TARPON SPRINGS, FL 34689

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAMES, JUDITH L  
325 SOUTH BOULEVARD  
TAMPA, FL 33606    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:                      D                      ( ) Delete  
Name:                      NORTON, DAVID C  
Address:                      46 W LEMON STREET  
City-St-Zip:                      TARPON SPRINGS, FL 34689

Title:                      D                      ( ) Delete  
Name:                      ZUTES, GEORGE  
Address:                      46 W LEMON STREET  
City-St-Zip:                      TARPON SPRINGS, FL 34689

Title:                      D                      ( ) Delete  
Name:                      JAMES, JUDITH L  
Address:                      46 W LEMON STREET  
City-St-Zip:                      TARPON SPRINGS, FL 34689

**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: DAVID C. NORTON

D

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date