2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004
Secretary of State

DOCUMENT# N34861

Entity Name: HARBOUR ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% REX P. COWAN
505 AVENUE A, N.W., SUITE 200
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

% REX P. COWAN
505 AVENUE A, N.W., SUITE 200
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3367801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COWAN, REX P.
505 AVENUE A., N.W.
SUITE 200
WINTER HAVEN, FL 33881 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: PD ( ) Delete
Name: ECKLEBERRY, JOHN
Address: 64 HARBOUR ESTATES DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD ( ) Delete
Name: KOLLER, DANIEL
Address: 22 LAKE ELOISE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD ( ) Delete
Name: KRAKAU, VINCE
Address: 53 HARBOUR ESTATES DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD ( ) Delete
Name: KRAKAU, VINCE
Address: 53 HARBOUR ESTATES DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KOLLER, DANIEL
Address: 22 LAKE ELOISE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: KOLLER, DANIEL
Address: 22 LAKE ELOISE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD (X) Change ( ) Addition
Name: TUCKER, BETTE
Address: 17 LAKE ELOISE LANE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DANIEL KOLLER PD 07/15/2004
Electronic Signature of Signing Officer or Director — Date