

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001577

FILED
Apr 13, 2009
Secretary of State

Entity Name: OLD HARBOR PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR. 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR. 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 58-2281440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: PEREIRA, KEN
Address: 1822 OAK RIDGE RD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD () Delete
Name: CONLEY, TOM
Address: 1712 ANGLERS CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete
Name: KAILING, DAVID
Address: 1705 ANGLERS CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD () Delete
Name: TERMULO, REGGIE
Address: 1802 OAK RIDGE RD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: PEAK, ERIN
Address: 107 MASTERS LN
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: DAIL, JOSEPH G JR
Address: 103 MASTERS LN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD (X) Change () Addition
Name: VICENTE, CHRISTINE
Address: 1707 ANGLERS CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD (X) Change () Addition
Name: SOULLIERE, GREG
Address: 1727 ANGLERS CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD (X) Change () Addition
Name: TERMULO, REGINALD
Address: 1802 OAK RIDGE RD
City-St-Zip: SAFETY HARBOR, FL 34695

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: REGINALD TERMULO

PD

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date