

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006607

FILED
Apr 20, 2004
Secretary of State**Entity Name:** HARBOR BEND HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US**New Mailing Address:****FEI Number:** 59-3494188**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, SUITE 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: VALENTIN, STACEY
Address: 7721 HARBOR LAKE DRIVE
City-St-Zip: ORLANDO, FL 32822**Title:** VPD () Delete
Name: FERRIS, JAMES
Address: 7614 HARBOR BEND CIRCLE
City-St-Zip: ORLANDO, FL 32822**Title:** STD () Delete
Name: ESPINOZA, ALAN
Address: 7722 HARBOR LAKE DRIVE
City-St-Zip: ORLANDO, FL 32822**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPD (X) Change () Addition
Name: ELQAFARAWAY, ANNA O
Address: 7740 HARBOR LAKE DR
City-St-Zip: ORLANDO, FL 32822**Title:** STD (X) Change () Addition
Name: PORTILLO, MARGARITA
Address: 7726 HARBOR BEND CIR
City-St-Zip: ORLANDO, FL 32822

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: STACEY VALENTIN

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date