

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90333 041 ****61.25

DOCUMENT # N01000006908

1. Entity Name
**HARBOR LAKES AT MEADOW WOODS HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**120 FAIRWAY WOODS BLVD.
ORLANDO, FL 32824**

Mailing Address
**LELAND MANAGEMENT, INC.
1633 E VINE ST SUITE 110
KISSIMMEE, FL 34744**

14014107



2. Principal Place of Business

1633 E. Vine Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 110

City & State
Kissimmee, FL

City & State

Zip Country
34744 FL

Zip Country

04192004 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0613070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FURLOW, REBECCA CAM
LELAND MANAGEMENT INC.
1633 E VINE ST SUITE 110
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004**

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

TITLE PD ☐ Delete
NAME TRUSSELL, GUY
STREET ADDRESS 120 FAIRWAY WOODS BLVD.
CITY-ST-ZIP ORLANDO, FL 32824

TITLE DV ☐ Delete
NAME HAWKS, CANDICE H
STREET ADDRESS 120 FAIRWAY WOODS BLVD.
CITY-ST-ZIP ORLANDO, FL 32824

TITLE DST ☐ Delete
NAME ERSKINE, CINDY L
STREET ADDRESS 120 FAIRWAY WOODS BLVD.
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Morse, Cynthia L.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Cynthia L Morse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04
Date

407810-0041
Daytime Phone #