FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90351 024 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0100006908 1. Entity Name HARBOR LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.				04-27-2003 90331 02-	01.23	
Principal Place of Business C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809		Mailing Address C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112005 Chg-NP CR2E03	7 (10/03)	
City & State		City & State		4. FEI Number 02-0613070	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
FURLOW, REBECCA CAM LELAND MANAGEMENT INC. 1633 E VINE ST SUITE 110 KISSIMMEE, FL 34744			Stagt Address	Address (P.O. Box Number is Not, Acceptable)		
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, 2005 9. Election Campaign Financing Trust Fund Contribution.				Added to Fees Florida Depart	payable to iment of State	
10.	OFFICERS AND DIR	ECTORS Defete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 10 Change Addition	
TITLE NAME STREET ADDRESS	TRUSSELL, GUY 120 FAIRWAY WOODS BLVD.	Delete Delete	NAME STREET ADDRESS	enjamin Benitez 1615 un Mendow Dr.	C. Stange Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DV HAWKS, CANDICE H 120 FAIRWAY WOODS BLVD. ORLANDO, FL 32824	À Delete	NAME STREET ADDRESS	rlando, Fl. 32824 Imela Ortiz 321 Darnaby Lane Irlando, Fl. 32824	☐ Change ☒ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DST MORSE, CYNTHIA L 120 FAIRWAY WOODS BLVD. ORLANDO, FL 32824	- Delete	NAME STREET ADDRESS 13		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS		□ Delete □ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the coi	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor, or on an attachmen with an address,	this filling does not qualify for type and accurate and that in Swered the execute this report that other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption stated by Chapte as required by Chapte	n Section 119.07(3)(i), Florida Statutes. I further cer the same legal effect as if made under oath; that I 617, Florida Statutes; and that my name appears i	☐ Change ☐ Addition	