

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90105 035 \*\*\*\*61.25

**DOCUMENT # N98000007389**

1. Entity Name  
**HARRIS CHAIN POWER SQUADRON, INC.**



Principal Place of Business  
**1241 OAK FOREST  
LADY LAKE, FL 32162**

Mailing Address  
**P.O. BOX 193304  
LADY LAKE, FL 32162**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**407 DELMAR DRIVE**

Suite, Apt. #, etc.

**8490 SE 16TH FORSYTH ST.**

City & State

**THE VILLAGES, FL.**

City & State

**THE VILLAGES, FL**

Zip

**32159**

Country

**USA**

Zip

**32162**

Country

**USA**

02262006

Chg-NP

CR2E037 (11/05)

4. FEI Number

**59-3549272**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

**MYERS, LEROY W.  
1241 OAK FOREST  
MIAMI, FL 33162**

7. Name and Address of New Registered Agent

Name **V.R. CARLSON**

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

**8490 SE 16TH FORSYTH ST.**

City **THE VILLAGES**

FL

Zip Code

**32162**

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

**V.R. CARLSON SITREAS. V.R. Carlson**

**3/1/06**

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, 2006**

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 **D** ☒ Delete  
NAME **MYERS, LEROY W**  
STREET ADDRESS **1241 OAK FOREST**  
CITY-ST-ZIP **LADY LAKE, FL 32162**

TITLE **D** ☒ Delete  
NAME **DIDIU, SANDRA**  
STREET ADDRESS **8351 LAKE SHORE DR**  
CITY-ST-ZIP **YALAH, FL 34797**

TITLE **D** ☐ Delete  
NAME **RZEWSKI, JOSEPH T**  
STREET ADDRESS **407 DLEMAR DRIVE**  
CITY-ST-ZIP **THE VILLAGES, FL 32159**

TITLE **D** ☒ Delete  
NAME **MYERS, LEROY W**  
STREET ADDRESS **1241 OAK FOREST**  
CITY-ST-ZIP **LADY LAKE, FL 32162**

TITLE **TD** ☒ Delete  
NAME **BODEN, WALTRAUD**  
STREET ADDRESS **1097 PALM HARBOR DR**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **SD** ☐ Delete  
NAME **HEPTING, DAVID**  
STREET ADDRESS **929 ROYAL OAK BLVD**  
CITY-ST-ZIP **LEESBURG, FL 34748**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SITREAS.** ☐ Change ☒ Addition  
NAME **V.R. CARLSON**  
STREET ADDRESS **8490 SE 16TH FORSYTH ST.**  
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **SIED. OFF.** ☐ Change ☒ Addition  
NAME **ART DAGER**  
STREET ADDRESS **3100 LANREL DRIVE**  
CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE **SIAOM. OFF** ☐ Change ☐ Addition  
NAME **WENDY GORDON**  
STREET ADDRESS **9909 SANTA BARBARA CT.**  
CITY-ST-ZIP **HOMEX IN THE HILLS, FL 34737**

TITLE **SIAOM. OFF** ☐ Change ☐ Addition  
NAME **WENDY GORDON**  
STREET ADDRESS **9909 SANTA BARBARA CT.**  
CITY-ST-ZIP **HOMEX IN THE HILLS, FL 34737**

TITLE **SIAOM. OFF** ☐ Change ☐ Addition  
NAME **WENDY GORDON**  
STREET ADDRESS **9909 SANTA BARBARA CT.**  
CITY-ST-ZIP **HOMEX IN THE HILLS, FL 34737**

TITLE **SIAOM. OFF** ☐ Change ☐ Addition  
NAME **WENDY GORDON**  
STREET ADDRESS **9909 SANTA BARBARA CT.**  
CITY-ST-ZIP **HOMEX IN THE HILLS, FL 34737**

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

**V.R. Carlson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/06**

Date

**352-751-5182**

Daytime Phone #