2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

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Entity Name: SPRING HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

79 JUSTING DR
APOPKA, FL 32712 US

New Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

Current Mailing Address:

PO BOX 1025
APOPKA, FL 327041025

New Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789

FEI Number: 59-3493840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, VINCENT
79 JUSTIN DR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

SPECIALTY MANAGEMENT
882 JACKSON AVENUE
WINTER PARK, FL 32789 US

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: ANDREA BRACKIN 04/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ARNOLD, RANDY
Address: 20 FRISCO COURT
City-St-Zip: APOPKA, FL 32712

Title: DV ( ) Delete
Name: STEVENS, PHYLLIS
Address: 44 FRISCO CT
City-St-Zip: APOPKA, FL 32712

Title: DT ( ) Delete
Name: TERRELL, THELMA
Address: 1341 HONEY ROAD
City-St-Zip: APOPKA, FL 32712

Title: DS (X) Delete
Name: DIAMADI, JOYCE
Address: 1357 HONEY ROAD
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete
Name: SCHMIDT, GREGORY
Address: 2 FRISCO COURT
City-St-Zip: APOPKA, FL 32712

Title: DT (X) Delete
Name: ACOSTA, VINCENT
Address: 79 JUSTIN DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BELL, JACQUELINE
Address: 7 JUSTIN DR
City-St-Zip: APOPKA, FL 32712

Title: DV (X) Change ( ) Addition
Name: BELL, DAVID
Address: 7 JUSTIN DR
City-St-Zip: APOPKA, FL 32712

Title: STD (X) Change ( ) Addition
Name: LAMB, ANDREW
Address: 32 FRISCO CT
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUELINE BELL DP 04/27/2006
Electronic Signature of Signing Officer or Director Date