## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jul 30, 2004 8:00 am Secretary of State

## **DOCUMENT # 701976**



1. Entity Name HARBOR HILLS PROPERTY OWNERS ASSOCIATION, INC.								07-30-2	2004 9000	1 044 ***	**61.25
P.O. BOX 1121 P.O			P.O. BOX 1	eiling Address P.O. BOX 1121 ARGO, FL 33779			สสถากกฏิโ				
2. Principal Pl	lace of Busin	ess	3. Mailing Ad	Idress							
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			03182003	Chg-NP	CR2E03	7 (10/03)	
City & State			City & State				4. FEI Number 59-6174	4810			plied For t Applicable
Zip	<u>:</u>	Country	Zip		Country		5. Certificate	of Status Desired		8.75 Add se Require	
6. Name and Address of Current Registe			egistered Age				7. Name and	Address of New	Registered A	gent	
CORR IE		:OHIPE			Name						
COBB, JERRY C ESQUIRE 501 S. FT. HARRISON AVENUE SUITE 206				Street A	Street Address (P.O. Box Number is Not Acceptable)						
CLEARWA	TER, FL	33756									
	مدالهمصود بير			پستان استان پیشد	City~				FL	- Zip Cod	e
	named entit ions of regist	y submits this statement for tered agent.	the purpose of	changing its re	egistered office o	r register	ed agent, or bot	h, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. (INCITE: Registered Agent signature required when reinstating)  DATE											
			en fens a abbactamer	(NOTE: I	Registered Agent signet	rate redamen	when reinstating)		DATE		
. Di	Filing Fe	e la \$61.25 otember 8, 2004	<del></del>		paign Financing		\$5.00 May 8 Added to Fees		Make check orida Depart		
. Do	Filing Fe	e is \$61.25	9.	Election Camp	paign Financing		\$5.00 May 8 Added to Fees		Make check orida Depart	ment of Si	tate
10. TITLE NAME STREET ADDRESS	Filing Fe ue by Ser S LOWE, R 1691 HAF	oe is \$61.25 otember 8, 2004 OFFICERS AND DIRE ON RBOR CIRCLE E.	9. ECTORS	Election Camp	paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS	Sec Boni 369	\$5.00 May B Added to Fees ADDITIONS/CH. Retary nie Wills 7 Shady	anges to office	Make check orida Depari ERS AND DIP	ment of Si	tate
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indicated on this report or supplied with this intig coes not quality or the exemption stated in Section 119.07(3)(i), Profice 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, Plorida 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:	LITY BELLEVISOR SIGNATUSE AND TYPED ON PRINTED NAME OF SIGNARY	Betty Bowersox	5-25-04	127-586-1167
	SIGNATIGNÉ AND TYPED OR PRINTED NAMÉ OF SIGNING	Date	Dayame Phone #	