

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 023 ****70.00

DOCUMENT # 701976 1. Entity Name HARBOR HILLS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1121 LARGO, FL 33779			Mailing Address P.O. BOX 1121 LARGO, FL 33779		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6174810	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COBB, JERRY C ESQUIRE 501 S. FT. HARRISON AVENUE SUITE 206 CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAVARRO, JOE 1565 HARBOR HILLS DR LARGO, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCFADDEN, MICHAEL 4490 CLEARWATER HARBOR DR. LARGO, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNZ, JOE 3789 HARBOR BLUFFS LARGO, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWNEY, BETTY 1873 CLEARWATER HARBOR DR. LARGO, FL 33770	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWERSOX, BETTY 1669 CLEARWATER HARBOR DR LARGO, FL 33770	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, JUDY 1850 CLEARWATER HARBOR DR LARGO, FL 33770	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D NAVARRO, JOE 1565 HARBOR HILLS DR LARGO, FL 33770			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V MCFADDEN, Michael 4490 Clearwater Harbor Dr LARGO, FL 33770			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P KUNZ, JOE 3789 Harbor Bluffs LARGO, FL 33770			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D HESS, William 1232 High Bluff Dr LARGO, FL 33770			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S COLE, Judy 1850 Clearwater Harbor Dr LARGO, FL 33770			
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: <u>Betty Bowersox, Betty Bowersox</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-27-2006		727-549-3425	
<small>Date</small>		<small>Daytime Phone #</small>			