2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701976

FILED Apr 30, 2007 Secretary of State

Entity Name: HARBOR HILLS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 1121 1669 CLEARWATER HARBOR DR LARGO, FL 33779 LARGO, FL 33779 **Current Mailing Address: New Mailing Address:** P.O. BOX 1121 LARGO, FL 33779 FEI Number: 59-6174810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CIANFRONE, JOSEPH R ESQUIRE 1964 BAYSHORE BOULEVARD DUNEDIN, FL 34698 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NAVARRO, JOE NAVARRO, JOE Name: Name: 1565 HARBOR HILLS DR Address: 1565 HARBOR HILLS DR Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: LARGO, FL 33770 Title: () Delete Title: () Change () Addition MCFADDEN, MICHAEL Name: Name: Address: 4490 CLEARWATER HARBOR DR. Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: Title: () Delete Title: () Change () Addition KUNZ, JOE Name: Name: 3789 HARBOR BLUFFS Address: Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HESS, WILLIAM Name: 1232 HIGH BLUFF DR Address: Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: Title: () Delete Title: () Change () Addition BOWERSOX, BETTY Name: Name: 1669 CLEARWATER HARBOR DR Address: Address: City-St-Zip: LARGO, FL 33770 City-St-Zip: Title: Title: (X) Change () Addition () Delete COLE, JUDY HOLLOWAY, CHUCK Name: Name: Address: 1850 CLEARWATER HARBOR DR Address: 1264 HIGH BLUFF DR W LARGO, FL 33770 LARGO, FL 33770 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BETTY BOWERSOX T 04/30/2007