2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2006 8:00 am **Secretary of State DOCUMENT # 707321** 1. Entity Name 03-23-2006 90014 022 ****61.25 LAKE HARNEY WATER ASSOCIATION INC Principal Place of Business Mailing Address STATE ROAD #46 P O BOX 1182 GENEVA FL 32732 STATE ROAD #46 P O BOX 1182 GENEVA FL 32732 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 4. FEI Number 59-1090885 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mc Nicol, Robert HICKS, WILLIAM 379 WHITE ORB DRIVE GENEVA FL 32732 City Zip Code **39732** Geneva 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 SIGNATURE KUBERT G. McNIEO FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Pres Change ☐ Delete THE ☐ Addition DAVENPORT, DEAN McNicoc, Robert G NAME 4205 LAKE HARNEY CIK 4080 LAKE HARNEY CIR. STREET ADDRESS STREET ADDRESS GENEVA FL 32732 Geneva, FL 32732 CITY-ST-ZIP CITY-ST-ZIP V-Pres TITLE D TITLE Change ☐ Delete ☐ Addition KING, TIM C. HARNEYCIZ KING, TIM C NAME NAME 4175 LAKE HARNEY CIR STREET ADDRESS STREET ADDRESS Geneva, FL 32732 GENEVA FL 32732 CITY-ST-ZIP TREAS Change ☐ Delete TITE ☐ Addition Hughes, Kevin 4180 Lake HARNEY Cir NAME HICKS, WILLIAM NAME 379 WHITCOMB DR STREET ADDRESS STREET ADDRESS Geneva FL 32732 GENEVA FL 32732 CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE 7 Change Addition DAVENPORT, DEAN 4080 LAKE HARNEY CR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changes, or on an attachment with an address, with all other like empowered. 407 Robert G. McNied

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