2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715063

FILED Feb 06, 2009 Secretary of State

Entity Name: HARLEM HEIGHTS IMPROVEMENT ASSOCIATION, INCORPORATED

| urrent P | rincipal Place | of Business: | New Principal Pla | ce of Business: |
|--|--|---|---|--|
| | ADIOLUS DR. S, FL 33908 | US | | |
| urrent M | lailing Addres | ss: | New Mailing Addr | ress: |
| | COURSE DR S, FL 33908 | US | | |
| El Number | : 65-0323306 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| lame and | Address of C | urrent Registered Agent: | Name and Addres | s of New Registered Agent: |
| 5195 STF | I, ANGELA RAIGHT STREI S, FL 33908 | ET US | | |
| he ahove | named entity s | submits this statement for the i | ournose of changing its registe | ered office or registered agent, or both |
| | named entity se of Florida. | submits this statement for the p | ourpose of changing its registe | ered office or registered agent, or both, |
| | e of Florida. | submits this statement for the p | ourpose of changing its registe | ered office or registered agent, or both, |
| n the State | e of Florida. RE: | submits this statement for the particles of Registered Ag | | ered office or registered agent, or both, Date |
| n the State | e of Florida. RE: | ic Signature of Registered Ag | ent | |
| n the State | e of Florida. RE: Electron S AND DIREC | nic Signature of Registered Ag TORS: Delete /EN DR | ent | Date |
| the State IGNATUI FFICER: tte: ame: ddress: | e of Florida. RE: Electron S AND DIREC DC () REYES, IRMA 4619 NEW HAV FORT MYERS, | ric Signature of Registered Agr TORS: Delete VEN DR FL 33908 Delete OMAS T | ent ADDITIONS/CHAN Title: Name: Address: | Date NGES TO OFFICERS AND DIRECTOR |
| the State IGNATUI FFICER: ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress: | e of Florida. RE: Electron S AND DIREC DC () REYES, IRMA 4619 NEW HAV FORT MYERS, VCD () GOODMAN, TH 4815 HAYER C FORT MYERS, | TORS: Delete VEN DR FL 33908 Delete OMAS T FL 33908 Delete | ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: | Date NGES TO OFFICERS AND DIRECTOR () Change () Addition |

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: ANGELA C. JACKSON DIRE 02/06/2009