


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90037 031 ****70.00

DOCUMENT # 741883 1. Entity Name HARBOUR OAKS HOME OWNERS ASSN., INC.					
Principal Place of Business PO BOX 421552 KISSIMMEE, FL 34742-1552 US			Mailing Address PO BOX 421552 KISSIMMEE, FL 34742-1552 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1877818	
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			7. Name and Address of New Registered Agent		
CARDING, BARBARA L 1567 SKYLINE DR KISSIMMEE, FL 34744-6687			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P	<input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOPPER, LARRY		NAME	BRIAN SHANLE	
STREET ADDRESS	1475 REGAL CT		STREET ADDRESS	1587 COMPASS CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUEY, W. MARK		NAME	CHRISTOPHER JOHNSTONE	
STREET ADDRESS	1492 REGAL CT		STREET ADDRESS	1573 COMPASS CT.	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEEK, JANICE		NAME	CAROLYN BERG	
STREET ADDRESS	1582 COMPASS CT		STREET ADDRESS	1740 MOSS CT	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARDING, BARBARA L		NAME		
STREET ADDRESS	1567 SKYLINE DR		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ST GEMAIN, J. BREWSTER		NAME		
STREET ADDRESS	1477 MOSS CT		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERG, CAROLYN		NAME	JAMES ROBERTS	
STREET ADDRESS	1740 MOSS CT		STREET ADDRESS	1769 HARBOR BLVD	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	KISSIMMEE FL 34744	
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>Barbara L Carding</u> BARBARA L. CARDING <u>1-15-06</u> <u>407-846-1678</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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