2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

02-25-2008 90037 028 ****61.25

DOCL	JMENT	# 741	883
	JIVICIVI	# 14	000

1. Entity Name

HARBOUR OAKS HOME OWNERS ASSN., INC.



Principal Plac PO BOX 421 KISSIMMEE,		Mailing Address PO BOX 421552 KISSIMMEE, FL 34742-1	1552 US	40030697		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02212008 Chg-NP	CR2E037 (12/06)	
City & Stat	е	City & State		4. FEI Number 59-1877818	Applied Not Ap	
Zip	Country	Zip	Country	5. Certificate of Status D	¢0.75 Autobies	
	6. Name and Address of Current	Registered Agent	T	7. Name and Address o	 	
BERG, CA 1740 MOS KISSIMME	ROLYN		Street Address	ARA L. CARD (P.O. Box Number is Not Ac	ceptable)	
8) The above the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent in Filling Fee is \$61.25	erding BAE	PBARA L C. Registered Agent signature requi	AR DIAIC+ -TRE red when reinstating) \$5.00 May Be	A3, 2-21-08 DATE Make check payable to	<u>5</u>
10	Due by May 1, 2008			Added to Fees	Florida Department of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, JAMES 1769 HARBOR BLVD	Delete	TILE P	RRY HOPPER	OFFICERS AND DIRECTORS IN 10	Addit
	NISSIMMEE. FL 34/44		STREET ADDRESS 14	75 REGAL CT	Juz1/11	
NAME STREET ADDRESS CITY-ST-ZIP	V SHINLER, RICK 1503 SKYLINE DRIVE KISSIMMEE, FL 34744	Delote	STREET ADDRESS 144 CITY-ST-ZIP 111LE V P NAME CA STREET ADDRESS 17	75 REGAL CT SSUMMEE, FL, AROLYN BERG 40 MOSS CT	[⊠KChange □] Addit
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V SHINLER, RICK 1503 SKYLINE DRIVE KISSIMMEE, FL 34744 S HOPPER, LARRY 1475 REGAL COURT		STREET ADDRESS CITY-ST-ZIP TITLE V P NAME STREET ADDRESS J T CITY-ST-ZIP TITLE T NAME STREET ADDRESS J T STREET ADDRESS J T NAME STREET ADDRESS J T NA	TEREGAL CT SEIMMEE, FL, PROLYN BERG 40 MOSS GT SSIMMEE, FL ARBARA L. C. GT SKYLINE USSIMMEE F	SKOtange] Additi
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Barbare & Carding

KISSIMMEE, FL 34744

BARBARA L. CARDING

KISSIMMEE

2-21-08

^{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 changed, or on an attachment with an address, with all other like empowered.