2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741883

FILED Jan 16, 2009 Secretary of State

Entity Name: HARBOUR OAKS HOME OWNERS ASSN., INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 421552 1567 SKYLINE DRIVE KISSIMMEE, FL 347421552 US KISSIMMEE, FL 347421552 US **Current Mailing Address: New Mailing Address:** PO BOX 421552 KISSIMMEE, FL 347421552 US FEI Number: 59-1877818 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: CARDING, BARBARA L CARDING, BARBARA L T 1567 SKYLINE DR 1567 SKYLING DR KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 US US 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: BARBARA L. CARDING 01/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOPPER, LARRY Name: Name: 1475 REGAL CT Address: Address: City-St-Zip: KISSIMMEE, FL 34744 US City-St-Zip: Title: Title: () Delete () Change () Addition BERG, CAROLYN Name: Name: Address: 1740 MOSS CT Address: City-St-Zip: KISSIMMEE, FL 34744 US City-St-Zip: Title: () Delete Title: () Change () Addition CARDING, BARBARA L Name: Name: 1567 SKYLING DR Address: Address: City-St-Zip: KISSIMMEE, FL 34744 US City-St-Zip: Title: SD () Delete Title: (X) Change () Addition FURNO, JEAN Name: KELLAR, TERRY Name: 1747 HARBOR BLVD Address: 1477 REGAL CT Address: City-St-Zip: KISSIMMEE, FL 34744 US City-St-Zip: KISSIMMEE, FL 34744 US Title: Title: () Delete () Change () Addition MANN JR, GEORGE Name: Name: 1520 SKYLINE DR Address: Address: City-St-Zip: KISSIMMEE, FL 34744 US City-St-Zip: Title: () Delete Title: (X) Change () Addition WILCOCK, JANET PERTICARI, JORGE Name: Name: Address: 1456 SKYLINE DR Address: 1715 WOODSIDE CT KISSIMMEE, FL 34744 US KISSIMMEE, FL 34744 US 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: BARBARA L> CARDING RA/T 01/16/2009