

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745611

FILED
Apr 30, 2007
Secretary of State

Entity Name: HARBOR WOODS VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3129 HILLSIDE LANE
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

127 HARBOR WOODS CIRCLE
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

3129 HILLSIDE LANE
SAFETY HARBOR, FL 34695 US

New Mailing Address:

127 HARBOR WOODS CIRCLE
SAFETY HARBOR, FL 34695 US

FEI Number: 59-1983431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOZMOSKI, JOHN JR
7850 ULMERTON RD, SUITE 5
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JENNINGS, TOM
Address: 3129 HILLSIDE LN
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VD () Delete
Name: ROLON, TONY
Address: 127 HARBOR WOODS CIR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TSD () Delete
Name: ROLON, LAURIE
Address: 127 HARBOR WOODS CIR
City-St-Zip: SAFTY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIMPTON, DAVID
Address: 129 HARBOR WOODS
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ROBERTO ROLON

VP

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date