2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 755396

Entity Name: HARPERS CROFT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2004 LONGMEADOW
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

2004 LONGMEADOW
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 59-2182463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOKES, REBECCA F
3053 51ST ST
SARASOTA, FL 34234 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: D ( ) Delete
Name: SCHOENEMAN, BILL
Address: 5136 HARPERS CROFT
City-St-Zip: SARASOTA, FL

Title: PD ( ) Delete
Name: TURCO, TOM
Address: 5162 HARPERS CROFT
City-St-Zip: SARASOTA, FL 34235

Title: SD ( ) Delete
Name: CORRIGAN, ROSIE
Address: 5122 HARPERS CROFT
City-St-Zip: SARASOTA, FL 34235

Title: VPD ( ) Delete
Name: MURPHY, JIM
Address: 5132 HARPERS CROFT
City-St-Zip: SARASOTA, FL 34235

Title: TD ( ) Delete
Name: BELL, ART
Address: 5148 HARPERS CROFT
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROSIE CORRIGAN SD 03/31/2009

Electronic Signature of Signing Officer or Director — Date