2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# 758484

Entity Name: HARBOR WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434 #5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 #5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2095523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779 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: HARPER, JENNY
Address: 1295 FARRINGTON DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD ( ) Delete
Name: CODY, RICHARD
Address: 420 BREAKWATER DR #17
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD ( ) Delete
Name: ZIGRE, TINA
Address: 425 CATAMARAN DR #70
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete
Name: WASHAM, BILLY M
Address: 1133 COURTENAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete
Name: SOCARRAS, DANIEL
Address: 420 CATAMARAN DR #87
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: WINN, JUDY
Address: 425 CATAMARAN DR #61
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PD (X) Change ( ) Addition
Name: CODY, RICHARD
Address: 420 BREAKWATER DR #17
City-St-Zip: MERRITT ISLAND, FL 32952

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 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: RICHARD CODY PD 04/12/2006

Electronic Signature of Signing Officer or Director — Date