
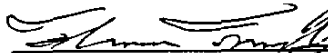


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90140 007 ****61.25

DOCUMENT # 764050 1. Entity Name LAKE HARNEY ESTATES ASSOCIATION, INC.					
Principal Place of Business 1494 BRIGHAM LOOP GENEVA, FL 32732 US				Mailing Address PO BOX 108 GENEVA, FL 32732 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2240058	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALASSINI, MARTIN 1494 BRIGHAM LOOP GENEVA, FL 32732				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				Signature _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GALASSINI, MARTIN 1494 BRIGHAM LOOP GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete NEUDORFFER, NATHAN 1449 BRIGHAM LOOP GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete THOMPSON, DOROTHY 1541 BRIGHAM LOOP GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LABORDE, PENNY 1046 WINONA DR GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CAIN, AUCE 1448 DEUANY CT GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HYLER, VANESSA 1245 W GARON COVE GENEVA, FL 32732				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MONA ASPURU 936 WINONA DR GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOYCE COTE 598 WINONA DR GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS TROMBLY 1223 SUTTON TRL GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition SILKE GALASSINI 1494 BRIGHAM LOOP GENEVA, FL 32732				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  THOMAS TROMBLY - TREASURER 3-11-2008 321-277-9726 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					