


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90019 048 ****61.25

DOCUMENT # 767530 1. Entity Name HARBOR PINES OWNERS ASSOCIATION, INC.					
Principal Place of Business 700 N. WICKHAM ROAD SUITE 201 MELBOURNE, FL 32935			Mailing Address 700 N. WICKHAM ROAD SUITE 201 MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLKER, MICHAEL 700 N. WICKHAM ROAD SUITE 201 MELBOURNE, FL 32935				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLKER, MICHAEL 700 N. WICKAM ROAD, SUITE 201 MELBOURNE, FL 32935 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Colker, Michael 700 N. Wickham Road, Suite 201 Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALLEN, WAYNE 700 N. WICKAM ROAD, SUITE 106 MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Arcadier, Mauricio 700 N. Wickham Road, Suite 106 Melbourne, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BANNETT, LARRY 700 N WICKMAN RONN # 202 MELBOURNE, FL 32935 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Bennett, Larry 700 N. Wickham Road, Suite #202 Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1/14/08 (321) 253-5557 <small>Daytime Phone #</small>		

40005216



01122008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2365639

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required