2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N0100006908

1. Entity Name HARBOR LAKES AT MEADOW WOODS HOMEOWNERS: ASSOCIATION, INC.



FILED

Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90333 041 ****61.25

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Principal Place of Business 120 FAIRWAY WOODS BLVD. ORLANDO, FL 32824			Mailing Address LELAND MANAGEMENT, INC. 1633 E VINE ST SUITE 110 KISSIMMEE, FL 34744								
2. Principal Place of Business 1633 E. Vine Street			3. Mailing Address			,					
Suite, Apt. #, etc. Suite 110			Suite, Apt. #, etc.				04192004	Chg-NP	CR2E03	7 (10/03)	
Kissimmee, FL			& State			4. FEI Number 02-0613			No	oplied For ot Applicable	
21p 3474	Zip Country 347446 LL 5		Zip		Country	5. Certificate of Sta				\$8.75 Add ee Require	d
	- 6. Name	and Address of Current	Registered	Agent			7Name and	Address of New	Hegistered A	gent'	
FURLOW, REBECCA CAM LELAND MANAGEMENT INC. 1633 E VINE ST SUITE 110 KISSIMMEE, FL 34744				Name Street Addres			ss (P.O. Box Number is Not Acceptable)				
:					City				FL	Zip Cod	e
8. The above	named entit	y submits this statement fo	r the purpo	se of changing its	egistered office	or registe	ered agent, or both	n, in the State of f	Florida. I am i	amiliar with,	and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$61.25 Due by May 1, 2004			Election Campaign Finan Trust Fund Contribution.			g	\$5.00 May Be		Make check		
-	Due by N	lay 1, 2004		Trust Fund C	ontribution.		Added to Fees	Flo	orida Depar	ment of S	tate .
	Due by N	. 	RECTORS	Trust Fund C	ontribution.		Added to Fees				
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407340-004 Daytime Phone #