

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006982

FILED
Mar 17, 2005
Secretary of State

Entity Name: HARBOR HILLS GOLF SCHOLARSHIP PLAN, INC.

Current Principal Place of Business:

5400 SADDLEBACK CT
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

5400 SADDLEBACK CT
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 59-3665905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, WILLIAM J JR.
5400 SADDLEBACK CT
LADY LAKE, FL 32159 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: STONE, WILLIAM J JR
Address: 5400 SADDLEBACK CT
City-St-Zip: LADY LAKE, FL 32159

Title: VPD () Delete
Name: FRAME, JOHN
Address: 5460 GROVE MANOR
City-St-Zip: LADY LAKE, FL 32159

Title: SD () Delete
Name: STONE, NANCY J
Address: 5400 SADDLEBACK CT.
City-St-Zip: LADY LAKE, FL 32159

Title: TD () Delete
Name: SCHOPPE, WAYNE F
Address: 5312 GREENS DR
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: PERRY, DONALD A
Address: 5153 GROVE MANOR
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: GOLDWIRE, RAYMOND H
Address: 6044 SPINAKER LOOP
City-St-Zip: LADY LAKE, FL 32159

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:

Title: D (X) Change () Addition
Name: WARREN, THOMAS L
Address: 6011 SPINAKER LOOP
City-St-Zip: LADY LAKE, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNE F. SCHOPPE

TD

03/17/2005

Electronic Signature of Signing Officer or Director

Date