

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006982

FILED
Jan 25, 2007
Secretary of State

Entity Name: HARBOR HILLS GOLF SCHOLARSHIP PLAN, INC.

Current Principal Place of Business:

5460 GROVE MANOR
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

5460 GROVE MANOR
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 59-3665905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRAME, JOHN
5460 GROVE MANOR
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: FRAME, JOHN
Address: 5460 GROVE MANOR
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: PERRY, DONALD A
Address: 6126 SPINNAKER LOOP
City-St-Zip: LADY LAKE, FL 32159

Title: SD () Delete
Name: SCHOPPE, LILLIAN S
Address: 5312 GREENS DR
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 (X) Delete
Name: ANDREWS, PEGGY A
Address: 6137 SPINNAKER LOOP
City-St-Zip: LADY LAKE, FL 32159

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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:

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: WAYNE F SCHOPPE

TD

01/25/2007

Electronic Signature of Signing Officer or Director

Date