

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01512

FILED
Apr 17, 2007
Secretary of State

Entity Name: HARVARD ARMS HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

7300 PARK STREET
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-2400313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 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: T () Delete
Name: GEORGE, BOB
Address: 1224 ABBEY CRESCENT LN
City-St-Zip: CLEARWATER, FL 33759

Title: DP () Delete
Name: BROWN, NANCY
Address: 1218 ABBEY CRESCENT LN
City-St-Zip: CLEARWATER, FL 33759

Title: T () Delete
Name: COLSON, DEBBIE
Address: 1301 ABBEY CRESCENT LN
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: OGLESBY, BRYAN
Address: 1312 ABBEY CRESCENT LANE
City-St-Zip: CLEARWATER, FL 33759

Title: VP () Delete
Name: WILLIAMS, PAUL
Address: 3087 ABBEY CT
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: FALCON, KATHY
Address: 1249 ABBEY CRESCENT LN.
City-St-Zip: CLEARWATER, FL 33759

Title: DP (X) Change () Addition
Name: WENT, BOB
Address: 1272 ABBEY CRESCENT LN
City-St-Zip: CLEARWATER, FL 33759

Title: D (X) Change () Addition
Name: CLANTON, BOB
Address: 1290 ABBEY CRESCENT LN
City-St-Zip: CLEARWATER, FL 33759

Title: D (X) Change () Addition
Name: PERILLI, CANDISE
Address: 1266 ABBEY CRESCENT LANE
City-St-Zip: CLEARWATER, FL 33759

Title: VP (X) Change () Addition
Name: BURRIESCI, SAL
Address: 1306 ABBEY CRESCENT LN.
City-St-Zip: CLEARWATER, FL 33759

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: BOB WENT

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date