2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N02000005281

Entity Name: HARTWOOD PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4327 S. HIGHWAY 27, #155
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

4327 S. HIGHWAY 27, #155
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 04-3616409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRASER, JAMES
4327 S. HIGHWAY 27, #155
CLERMONT, FL 34711 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: PRES ( ) Delete
Name: FRASER, JAMES
Address: 4327 S. HIGHWAY 27, #155
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: CONTI, STEVEN
Address: 4327 S. HIGHWAY 27, #155
City-St-Zip: CLERMONT, FL 34711

Title: TRES ( ) Delete
Name: EMELY, CINDY
Address: 4327 S. HIGHWAY 27, #155
City-St-Zip: CLERMONT, FL 34711

Title: SEC ( ) Delete
Name: DAY, KIMBERLY
Address: 4327 S. HIGHWAY 27, #155
City-St-Zip: CLERMONT, FL 34711

Title: DIR ( ) Delete
Name: ALLADIN, SAM
Address: 4327 S. HIGHWAY 27, #155
City-St-Zip: CLERMONT, FL 34711

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: SEC (X) Change ( ) Addition
Name: KOVH, MIRIAM
Address: 4327 S. HIGHWAY 27, #155
City-St-Zip: CLERMONT, FL 34711

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES FRASER PRES 04/12/2009

Electronic Signature of Signing Officer or Director — Date