


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000007914
 1. Entity Name
 HARMONY HILLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 24314 P.O. BOX 24314
 LAKE LAND, FL 33802 LAKE LAND, FL 33802

DO NOT WRITE IN THIS SPACE



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 16-1669377 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILSON, ROSE B
 885 HARMONY HILLS LOOP
 LAKE LAND, FL 33802

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8. 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. I am familiar 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, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, ROSE B P.O. BOX 24314 LAKE LAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOATWRIGHT, BEVERLY B PO BOX 24314 LAKE LAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIFFEN, GEORGE P.O. BOX 24314 LAKE LAND, FL 33802
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 02/21/07-80059-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Rose B. Wilson* *2/2/07* *863-686-7142*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #