


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

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

Principal Place of Business P.O. BOX 24314 LAKELAND, FL 33802	Mailing Address P.O. BOX 24314 LAKELAND, FL 33802
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01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1669377	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WILSON, ROSE B
885 HARMONY HILLS LOOP
LAKELAND, FL 33805**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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 LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOATWRIGHT, BEVERLY B PO BOX 24314 LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIFFEN, GEORGE P.O. BOX 24314 LAKELAND, FL 33802
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03/20/08-80029-010 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* **Rose B. Wilson** **3/1/08** **863-686-7142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #