2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003699

FILED Apr 23, 2008 Secretary of State

Entity Name: HARBORTOWN AT PABLO CREEK MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1575 NORTHSIDE DRIVE NW 5844 OLD PASCO ROAD

SUITE 200 SUITE 100

ATLANTA, GA 30318 WESLEY CHAPEL, FL 33544

Current Mailing Address: New Mailing Address:

1575 NORTHSIDE DRIVE NW 5844 OLD PASCO ROAD

SUITE 200 SUITE 100

ATLANTA, GA 30318 WESLEY CHAPEL, FL 33544

FEI Number: 20-1621053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROOME, STEPHEN D RIZZETTA & COMPANY, INC. 822 A1A NORTH 5844 OLD PASCO ROAD

SUITE 208 SUITE 100

PONTE VEDRA BEACH, FL 32082 US WESLEY CHAPEL, FL 33544 US

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: WILLIAM J. RIZZETTA 04/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change() Addition

Name: BROOME, STEPHEN D Name: FARRELL, TODD

Address: 1575 NORTHSIDE DRIVE NW Address: 400 SOUTH TRYON STREET, SUITE 1300

City-St-Zip: ATLANTA, GA 30318 City-St-Zip: CHARLOTTE, NC 28285 US

Name: BAYCURA, DAVID J Name: BUCK, RICHARD

Address: 1575 NORTHSIDE DRIVE NW Address: 3500 SW CORPORATE PARKWAY, SUITE 201

City-St-Zip: ATLANTA, GA 30318 City-St-Zip: PALM CITY, FL 34990 US

Title: D () Delete Title: D (X) Change () Addition Name: MECHLOWIYZ, MARK Name: DEMIDUKE, ROBERT

Address: 1575 NORTHSIDE DRIVE NW Address: 3500 S. W. CORPORATE PARKWAY, SUITE 201

City-St-Zip: ATLANTA, GA 30318 City-St-Zip: PALM CITY, FL 34990 US

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

Name: SMITH, CLINTON Name: WESTON, JULIE

Address: 6620 SOUTHPOINT DRIVE SOUTH SUITE 400 Address: 203 WEST VERN STREET City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: TAMPA, FL 33606 US

Name: BOYD, LISA Name: THORBURN, PETER

Address: 6620 SOUTHPOINT DRIVE SOUTH SUITE 400 Address: 13846 ATLANTIC AVENUE, UNIT 407 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D () Delete Title: D (X) Change () Addition

Name: SMITH, JAMES C Name: CRAY, WILLIAM

 Address:
 400 SOUTH TRYON STREET, SUITE 1300
 Address:
 13846 ATLANTIC AVENUE, UNIT 1007

 City-St-Zip:
 CHARLOTTE, NC 28201 N
 City-St-Zip:
 JACKSONVILLE, FL 32225 US

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: TODD FARRELL P 04/23/2008