2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000003699

RT FILED Jun 16, 2009 Secretary of State

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

| WESLEY CHAPEL, FL 33544 Current Mailing Address: 8844 OLD PASCO ROAD SUITE 100 WESLEY CHAPEL, FL 33544 FEI Number 20-162103 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: RIZZETTA & COMPANY, INC. SA844 OLD PASCO ROAD SUITE 100 WESLEY CHAPEL, FL 33544 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: P () Delete FARRELL, TODD Address: 400 SOUTH TRYON STREET, SUITE 1300 Address: Address: City-SI-Zip: Title: VPS () Delete Name: Name: MATHAEY, FRANK Naddress: 3500 SW CORPORATE PARKWAY, SUITE 201 Name: MATHAEY, FRANK Name: MATHAEY, FRANK Name: Address: DELIDIONE, ROBERT Address: City-Si-Zip: C | Current P | rincipal Plac | e of Business: | New Prince | ipal Place o | of Business: | |
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| SAME OLD PASCO ROAD SUITE 100 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: RIZZETTA & COMPANY, INC. S844 OLD PASCO ROAD SUITE 100 WESLEY CHAPEL, FL 33544 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent | | | D | | | | |
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| in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Itile: P () Delete Name: FARRELL, TODD Name: Address: City-St-Zip: CHARLOTTE, NC 28285 US City-St-Zip: City-St- | | | 33544 US | | | | |
| Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete | | | submits this statement for the p | ourpose of changing i | its registered | office or registered agent, or both | |
| OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete | SIGNATU | RE: | | | | | |
| Title: P () Delete Title: () Change () Addition Name: FARRELL, TODD Name: Address: 400 SOUTH TRYON STREET, SUITE 1300 Address: City-St-Zip: CHARLOTTE, NC 28285 US City-St-Zip: City-St-Zip: CHARLOTTE, NC 28285 US City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: Change () Addition Name: Address: 3500 SW CORPORATE PARKWAY, SUITE 201 Address: City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: DEMIDUKE, ROBERT Name: DEMIDUKE, ROBERT Name: LOMAX, HENRY Address: 3500 S.W. CORPORATE PARKWAY, SUITE 201 Address: 400 SOUTH TYRON STREET City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: CHARLOTTE, NC 28285 US City-St-Zip: DALM CITY, FL 34990 US City-St-Zip: CHARLOTTE, NC 28285 US City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: Title: () Change () Addition Name: THORBURN, PETER | | Electro | nic Signature of Registered Age | ent | | Date | |
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| Address: | | , | • | | | () Change () Addition | |
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| Title: D () Delete Title: () Change () Addition | City-St-Zip: Title: Name: | THORBURN, F | | | | | |
| | City-St-Zip: Title: Name: Address: | THORBURN, F 13846 ATLAN | TIC AVENUE, UNIT 407 | | | | |
| Name: CRAY, WILLIAM Name: | City-St-Zip: Title: Name: Address: | THORBURN, F 13846 ATLAN | TIC AVENUE, UNIT 407 | | | | |
| A Julius | City-St-Zip: Fitle: Name: Address: City-St-Zip: | THORBURN, F 13846 ATLAN JACKSONVILI D (| TIC AVENUE, UNIT 407 LE, FL 32225 US) Delete | City-St-Zip: Title: | | ()Change ()Addition | |
| Address: 13846 ATLANTIC AVENUE, UNIT 1007 Address: City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: | City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: | THORBURN, F 13846 ATLAN JACKSONVILI D (CRAY, WILLIA | TIC AVENUE, UNIT 407 LE, FL 32225 US) Delete MM | City-St-Zip: Title: Name: | | ()Change ()Addition | |

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 06/16/2009