

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 16, 2009**  
**Secretary of State**

DOCUMENT# N03000003699

**Entity Name:** HARBORTOWN AT PABLO CREEK MASTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544**New Principal Place of Business:****Current Mailing Address:**5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544**New Mailing Address:****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.  
5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 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: P ( ) Delete  
Name: FARRELL, TODD  
Address: 400 SOUTH TRYON STREET, SUITE 1300  
City-St-Zip: CHARLOTTE, NC 28285 US

Title: VPS ( ) Delete  
Name: BUCK, RICHARD  
Address: 3500 SW CORPORATE PARKWAY, SUITE 201  
City-St-Zip: PALM CITY, FL 34990 US

Title: VPT ( ) Delete  
Name: MATHAEY, FRANK  
Address: 3500 S. W. CORPORATE PARKWAY, SUITE 201  
City-St-Zip: PALM CITY, FL 34990 US

Title: D ( ) Delete  
Name: DEMIDUKE, ROBERT  
Address: 3500 S.W. CORPORATE PARKWAY, SUITE 201  
City-St-Zip: PALM CITY, FL 34990 US

Title: D ( ) Delete  
Name: THORBURN, PETER  
Address: 13846 ATLANTIC AVENUE, UNIT 407  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D ( ) Delete  
Name: CRAY, WILLIAM  
Address: 13846 ATLANTIC AVENUE, UNIT 1007  
City-St-Zip: JACKSONVILLE, FL 32225 US

**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: D (X) Change ( ) Addition  
Name: LOMAX, HENRY  
Address: 400 SOUTH TYRON STREET  
City-St-Zip: CHARLOTTE, NC 28285 US

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

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: TODD FARRELL

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date