

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 09, 2011
Secretary of State**

DOCUMENT# N04000002368

Entity Name: HARVEST MEADOW HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8217 SW 61ST CT
OCALA, FL 34476 US**New Principal Place of Business:**6147 SW 81ST STREET
OCALA, FL 34476 US**Current Mailing Address:**P.O. BOX 771911
OCALA, FL 34477**New Mailing Address:****FEI Number:** 20-1182208**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRAGO, JIM
8217 SW 61ST CT
OCALA, FL 34476 US**Name and Address of New Registered Agent:**ALLEN, TIMOTHY
6147 SW 81ST STREET
OCALA, FL 34476 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: TIMOTHY ALLEN

07/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: JOHNSON, ERIK
Address: 8158 SW 60TH TERRACE
City-St-Zip: Ocala, FL 34476

Title: VP
Name: BRADLEY, KRONE
Address: 8189 SW 61ST COURT
City-St-Zip: Ocala, FL 34476

Title: T
Name: ALLEN, TIMOTHY
Address: 6147 SW 81ST STREET
City-St-Zip: Ocala, FL 34476

Title: SD
Name: LABRECQUE, JOHN
Address: 8155 SW 62ND AVE
City-St-Zip: Ocala, FL 34476

Title: ARC
Name: JOHNSON, KELLEY
Address: 8158 SW 60TH TERRACE
City-St-Zip: Ocala, FL 34476

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY ALLEN

T

07/09/2011

Electronic Signature of Signing Officer or Director

Date