

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90191 015 ****70.00

DOCUMENT # N04000002913 1. Entity Name HARBOR LAKES MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236			Mailing Address 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2729508	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GORDON, SCOTT E 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRUEMAN, JAMES W 3737 EL JOBEAN ROAD, 501-E-4 PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALMAS, JERRY 3737 EL JOBEAN ROAD, 502-E-5 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete <i>MOVED</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. V HAL MAXSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3737 EL JOBEAN RD PORT CHARLOTTE, FL 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAFFERTY, WEDGE 3737 EL JOBEAN ROAD, 521-E-13 PORT CHARLOTTE, FL	<input checked="" type="checkbox"/> Delete <i>MOVED</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNIE CHAPPELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3737 EL JOBEAN RD PT. CHARLOTTE, FL 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARPENTER, DEL 3737 EL JOBEAN ROAD, 268-F-6 PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLING, STACEY <i>DIED</i> 3737 EL JOBEAN ROAD, 528-E-15 PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTH TRUEMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3737 EL JOBEAN RD PORT CHARLOTTE, FL 33953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>James W Trueman</i> <u>JAMES W TRUEMAN</u> <u>4/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40063110



01302006 Chg-NP CR2E037 (11/05)

ATTACHMENT

40063110

#NO 4000002913

NOTE

SEND CERTIFICATE

TO

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Mr. James Trueman
3737 El Jobean Rd # 501E-4
Port Charlotte, FL 33953-5611