


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 037 ****61.25

DOCUMENT # N04000004828

1. Entity Name
HORATIO TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 4532 W KENNEDY BLVD SUITE 445 TAMPA FL 33609	Mailing Address 4532 W KENNEDY BLVD SUITE 277 TAMPA FL 33609
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2. Principal Place of Business - No P.O. Box # 808 S Oregon Ave Suite, Apt. #, etc.	3. Mailing Address PO Box 10217 Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Tampa FL	City & State Tampa FL	4. FEI Number 20-3217969	Applied For Not Applicable
Zip 33606	Country Hillsborough	Zip 33679	Country Hillsborough

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRANGAN, PATRICK J
4532 W KENNEDY BLVD
SUITE 277
TAMPA FL 33609

7. Name and Address of New Registered Agent
 Name: **Randy Neff**
 Street Address (P.O. Box Number is Not Acceptable):
808 S Oregon Ave
 City: **Tampa** FL Zip Code: **33606**

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: *[Signature]* DATE: 3/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROHN, MICHAEL 4532 W KENNEDY BLVD, SUITE 277 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANGAN, PATRICK J 4532 W KENNEDY BLVD SUITE 277 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, CARR 4532 W KENNEDY BLVD SUITE 277 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 10217 Tampa FL 33679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 10217 Tampa FL 33679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 10217 Tampa FL 33679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *[Signature]* DATE: 3/17/07 DAYTIME PHONE #: 813 383-5457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR