
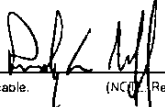


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

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
2. Principal Place of Business - No P.O. Box # 808 S Oregon Ave		3. Mailing Address PO Box 10217
City & State Tampa FL		City & State Tampa FL
Zip 33606		Country Hillsborough
4. FEI Number 20-3217969		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 State 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 		DATE 3/17/07



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KROHN, MICHAEL 4532 W KENNEDY BLVD, SUITE 277 TAMPA FL 33609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same PO. Box 10217 Tampa FL 33679
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRANGAN, PATRICK J 4532 W KENNEDY BLVD SUITE 277 TAMPA FL 33609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same PO. Box 10217 Tampa FL 33679
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUL, CARR 4532 W KENNEDY BLVD SUITE 277 TAMPA FL 33609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same PO. Box 10217 Tampa FL 33679
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  DATE: **3/17/07** DAYTIME PHONE #: **813 383-5457**