


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90085 037 ****70.00

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| DOCUMENT # N04000005251 |  |
| 1. Entity Name HARVEST FIELD HOMEOWNERS ASSOCIATION INC. | |

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| Principal Place of Business 1811 MAIN STREET VALRICO, FL 33594 | Mailing Address 1811 MAIN STREET VALRICO, FL 33594 |
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| 2. Principal Place of Business - No P.O. Box # 2905 Rolling Acres Place Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 585 Suite, Apt. #, etc. |
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|---|---|
| City & State Valrico, Florida | City & State Brandon, Florida |
| Zip 33594 | Country USA |
| Zip 33509-0585 | Country USA |



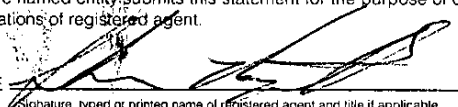
02052007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 51-0520648 NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MICHAEL, OWHADI 1811 MAIN STREET VALRICO, FL 33594 |
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| 7. Name and Address of New Registered Agent Name Mr. Shawn Napolitano Street Address (P.O. Box Number is Not Acceptable) 1628 Harvest Grove Court City Valrico FL Zip Code 33594 |
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| 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  | Shawn Napolitano (NOTE: Registered Agent signature required when reinstating) | 03/05/2007 DATE |

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| Filing 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 | |
|---|--|
| TITLE P | <input checked="" type="checkbox"/> Delete |
| NAME OWHADI, MICHAEL | |
| STREET ADDRESS 1811 MAIN STREET | |
| CITY-ST-ZIP VALRICO, FL 33594 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME K. Tony Brooks | |
| STREET ADDRESS 2905 Rolling Acres Place | |
| CITY-ST-ZIP Valrico, Florida 33594 | |
| TITLE V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Hyll Kulla | |
| STREET ADDRESS 2819 Rolling Acres Place | |
| CITY-ST-ZIP Valrico, Florida 33594 | |
| TITLE V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Larry Niday | |
| STREET ADDRESS 2811 Rolling Acres Place | |
| CITY-ST-ZIP Valrico, Florida 33594 | |
| TITLE T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Sandra L. Hackett | |
| STREET ADDRESS 1626 Harvest Grove Court | |
| CITY-ST-ZIP Valrico, Florida 33594 | |
| TITLE S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Kelly Mettler | |
| STREET ADDRESS 1624 Harvest Grove Court | |
| CITY-ST-ZIP Valrico, Florida 33594 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| 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. | |
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| SIGNATURE:  | Kevin A. Brooks SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 3/6/07 Date | 813-662-2701 Daytime Phone # |
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