

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005251

FILED  
Jun 24, 2009  
Secretary of State

**Entity Name:** HARVEST FIELD HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

1624 HARVEST GROVE CT.  
VALRICO, FL 33596 US

**New Principal Place of Business:**

2806 ROLLING ACRES PL  
VALRICO, FL 33596 US

**Current Mailing Address:**

PO BOX 585  
BRANDON, FL 33509

**New Mailing Address:**

**FEI Number:** 51-0520648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NAPOLITANE, SHAWN  
1628 HARVEST GROVE COURT  
VALRICO, FL 33596 US

**Name and Address of New Registered Agent:**

MANCINI, RITA  
2806 ROLLING ACRES PL  
VALRICO, FL 33596 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: RITA MANCINI

06/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMOS, LOWRIE B  
Address: 2828 ROLLING ACRES PLACE  
City-St-Zip: VALRICO, FL 33596

Title: VD ( ) Delete  
Name: SYLVESTER, DEXTER  
Address: 1602 HARVEST GROVE CT.  
City-St-Zip: VALRICO, FL 33596

Title: VD ( ) Delete  
Name: METTLER, SEAN  
Address: 1624 HARVEST GROVE CT.  
City-St-Zip: VALRICO, FL 33596

Title: TD ( ) Delete  
Name: MANCINI, RITA  
Address: 2806 ROLLING ACRES  
City-St-Zip: VALRICO, FL 33596

Title: SD ( ) Delete  
Name: TORRA, MERCY  
Address: 2807 ROLLING ACRES  
City-St-Zip: VALRICO, FL 33596

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RITA MANCINI

TREA

06/24/2009

Electronic Signature of Signing Officer or Director

Date