

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005251

FILED  
Apr 09, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2806 ROLLING ACRES PL  
VALRICO, FL 33596 US

**New Principal Place of Business:**

2819 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 ( )**

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

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

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

KULLA, HYLL  
2819 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: HYLL KULLA

04/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KULLA, HYLL  
Address: 2819 ROLLING ACRES PLACE  
City-St-Zip: VALRICO, FL 33596

Title: VD  
Name: SIEGLE, JOSHUA  
Address: 1620 HARVEST GROVE CT.  
City-St-Zip: VALRICO, FL 33596

Title: VD  
Name: SANTOS, ROBERT  
Address: 1623 HARVEST GROVE CT.  
City-St-Zip: VALRICO, FL 33596

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

Title: SD  
Name: IBARRA, ELIZABETH  
Address: 2823 ROLLING ACRES  
City-St-Zip: VALRICO, FL 33596

I hereby 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 all other like empowered.

SIGNATURE: HYLL KULLA

PD

04/09/2011

Electronic Signature of Signing Officer or Director

Date