
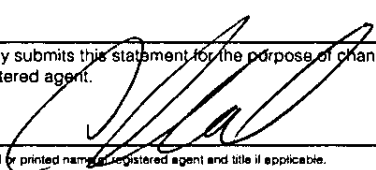
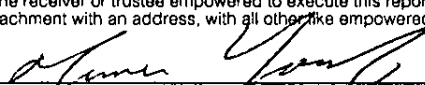


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 SEP 27 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N05000000448</b> 1. Entity Name <b>TOWN HOMES OF HARBOR OAKS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1501 S. ARRAWANA AVENUE TAMPA, FL 33629</b>			Mailing Address <b>1501 S. ARRAWANA AVENUE TAMPA, FL 33629</b>		
2. Principal Place of Business <b>Greenacre Properties, Inc. 4131 Gunn Highway Tampa, FL 33618</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip                      Country                      Zip                      Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>SMITH, W. LAWRENCE HILL, WARD AND HENDERSON, P.A. 101 E. KENNEDY BLVD., SUITE 3700 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>R. Carlton Ward</b> Street / <b>1253 Park Street</b> <b>Clearwater, FL 33756</b> City <b>FL</b> Zip Code	
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  <span style="float: right;">9/21/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>IGLEHART, GREG</b> <b>1501 S. ARRAWANA AVENUE</b> <b>TAMPA, FL 33629</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>Youssef, Tamer</b> <b>552 Jasmine Way</b> <b>Clearwater, FL 33756</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DOSTER, GEORGE S</b> <b>1501 S. ARRAWANA AVENUE</b> <b>TAMPA, FL 33629</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP/SEC</b> <b>Nichols, Dean</b> <b>119 Poinciana Lane</b> <b>Largo, FL 33770</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MULLEN, PETER</b> <b>1501 S. ARRAWANA AVENUE</b> <b>TAMPA, FL 33629</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Patch, James</b> <b>825 Harbor Oaks Lane</b> <b>Clearwater, FL 33756</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

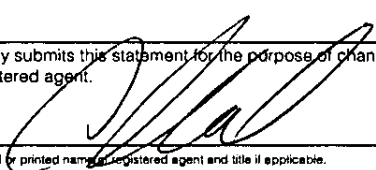


09182006 Chg-NP CR2E037 (4/06)

4. FEI Number  
NOT APPLICABLE

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

7. Name and Address of New Registered Agent  
 Name  
 R. Carlton Ward  
 Street /  
 1253 Park Street  
 Clearwater, FL 33756  
 City FL Zip Code

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  9/21/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 IGLEHART, GREG**  
**1501 S. ARRAWANA AVENUE**  
**TAMPA, FL 33629** ☒ Delete

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10  
 TITLE NAME STREET ADDRESS CITY - ST - ZIP  
**PD Youssef, Tamer**  
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**Clearwater, FL 33756** ☐ Change ☐ Addition

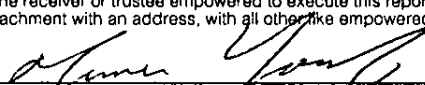
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SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #