
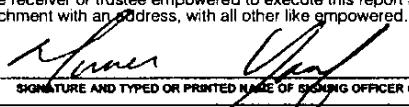


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 020 ****61.25

DOCUMENT # N05000000448 1. Entity Name TOWN HOMES OF HARBOR OAKS HOMEOWNERS ASSOCIATION, INC.																																																																																						
Principal Place of Business GREENACRE PROPERTIES, INC. 4131 GUNN HIGHWAY TAMPA, FL 33618			Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618																																																																																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																				
City & State		City & State		4. FEI Number NOT APPLICABLE																																																																																		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent WARD, R. CARLTON 1253 PARK STREET CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																						
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																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME</td> <td style="width: 65%; padding: 2px;"> PD YOUSSEF, TAMER </td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">552 JASMINE WAY</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">CLEARWATER, FL 33756</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"> VPS NICHOLS, DEAN </td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">119 POINCIANA LANE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">LARGO, FL 33770</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"> D PATCH, JAMES </td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">825 HARBOR OAKS LANE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">CLEARWATER, FL 33756</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. 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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.																																																																																						
SIGNATURE:  Tamer Youssef 3-6-07 727-437-3895 <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																						