

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011629

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** HARRISON PLACE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

600 NORTH WESTSHORE BLVD. SUITE 400  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

600 NORTH WESTSHORE BLVD. SUITE 400  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 14-1956810      **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:**

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

O'RYAN, CHRISTIAN F  
2701 NORTH ROCKY POINT DRIVE SUITE 900  
TAMPA, FL 33607 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CACHON, MICHAEL  
Address: 600 NORTH WESTSHORE BLVD. SUITE 400  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: KOUWENHOVEN, BILL  
Address: 600 NORTH WESTSHORE BLVD. SUITE 400  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: EICHHOLT, DUSTY  
Address: 600 NORTH WESTSHORE BLVD. SUITE 400  
City-St-Zip: TAMPA, FL 33609

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

Title: DP (X) Change ( ) Addition  
Name: CACHON, MICHAEL  
Address: 600 NORTH WESTSHORE BLVD. SUITE 400  
City-St-Zip: TAMPA, FL 33609

Title: DVP (X) Change ( ) Addition  
Name: HOOTMAN, JOSEPH  
Address: 600 NORTH WESTSHORE BLVD. SUITE 400  
City-St-Zip: TAMPA, FL 33609

Title: DST (X) Change ( ) Addition  
Name: EICHHOLT, DUSTY  
Address: 600 NORTH WESTSHORE BLVD. SUITE 400  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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: DUSTY EICHHOLT

DST

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date