

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90017 049 ****61.25

DOCUMENT # N05000011629			
1. Entity Name HARRISON PLACE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 600 NORTH WESTSHORE BLVD. SUITE 400 TAMPA, FL 33609		Mailing Address 600 NORTH WESTSHORE BLVD. SUITE 400 TAMPA, FL 33609	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 206 Easton Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 107	
City & State		City & State Lakeland Florida	
Zip	Country	Zip 33803	Country US
6. Name and Address of Current Registered Agent O'RYAN, CHRISTIAN F 2701 NORTH ROCKY POINT DRIVE SUITE 900 TAMPA, FL 33607 HARRI		7. Name and Address of New Registered Agent Name: Condominium Associates Street Address (P.O. Box Number is Not Acceptable): 206 Easton Dr., Suite 107 City: Lakeland FL Zip Code: 33803	
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: <i>Bob Christianin</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CACHON, MICHAEL 600 NORTH WESTSHORE BLVD. SUITE 400 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOOTMAN, JOSEPH 600 NORTH WESTSHORE BLVD. SUITE 400 TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HEATHER Middleton 600 N. WESTSHORE Blvd., Suite 400 Tampa, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EICHHOLT, DUSTY 600 NORTH WESTSHORE BLVD. SUITE 400 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Dusty Eichholt</i>		Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
DUSTY EICHHOLT, Secretary/Treasurer		Date: 1-5-07 Daytime Phone #: 813-901-5263	

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4. FEI Number 14-1956810 Applied For Not Applicable

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