2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 30, 2008 8:00 am Secretary of State

DOCUMENT # N05000011629 1. Entity Name HARRISON PLACE COMMUNITY ASSOCIATION, INC.						05-30-2008	8 90212 007	****61.	25	
Principal Place of Business 600 NORTH WESTSHORE BLVD. SUITE 400 TAMPA, FL 33609		Mailing Address 206 EASTON DR SUITE 107 LAKELAND, FL 33803								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address POBGX 781291					88]]] 4 8] 8] 5 8] 48]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		C	04102008	Chg-NP	CR2E037			
City & State		City & State Clando, Fl.		4.	. FEI Numbe 14-1950				plied For I Applicable	
Zip	Country	Zip 32878	Country	5.	. Certificate	of Status Desired		3.75 Addi e Required		
	6. Name and Address of Current			7.	. Name and	Address of Nev	v Registered Age	ent		
CONDOMNIUM ACCOCIATES				Name Community Rescusce Mamt						
CONDOMINIUM ASSOCIATES 206 EASTON DR SUITE 107 LAKELAND. FL 33803				Street Address (P.O. Box Number is Not Acceptable)						
LANCEAN	5, 1 E 33003		19	E. (entro	al Bluc	١			
			City	crlar	ds		FLİ	Zip Code	-01	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered agent	and trite if applicable. (NOTE:	Registered Agent signal	ure required whe	n reinstating)		DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	□ \$5	5.00 May B Ided to Fees	F	Make check p lorida Departm	ent of St	ate	
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

RIS 888 1033

Daytime Phone #