

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05325

FILED  
Feb 01, 2006  
Secretary of State

**Entity Name:** HOWELL HARBOR ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX181153  
CASSELBERRY, FL 327181153 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 181153  
CASSELBERRY, FL 327181153 US

**New Mailing Address:**

**FEI Number:** 59-2582764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLEY, JAMES  
1054 HOWELL HARBOR DRIVE  
CASSELBERRY, FL 32707 US

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

GOLDSMITH, KAREN  
1033 HOWELL HARBOR DRIVE  
CASSELBERRY, FL 32707 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: KAREN GOLDSMITH

02/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBEY, ROBERT L  
Address: 1097 HOWELL HARBOR DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP ( ) Delete  
Name: COLEY, JAMES  
Address: 1054 HOWELL HARBOR DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: T ( ) Delete  
Name: SIMMS, GINA  
Address: 1074 HOWELL HARBOR DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: S ( ) Delete  
Name: CRAGIN, ELIZABETH  
Address: 1014 HOWELL HARBOR DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DINO, BOJADIJEV  
Address: 1093 HOWELL HARBOR DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: T (X) Change ( ) Addition  
Name: BROWN, BETTY  
Address: 1096 HOWELL HARBOR DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: S (X) Change ( ) Addition  
Name: ANDREW, FAYE  
Address: 1092 HOWELL HARBOR DRIVE  
City-St-Zip: CASSELBERRY, FL 32707 US

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: ROBERT ROBEY

P

02/01/2006

Electronic Signature of Signing Officer or Director

Date