

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05325

FILED
Jan 29, 2009
Secretary of State

Entity Name: HOWELL HARBOR ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

1054 HOWELL HARBOR DR.
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

P.O. 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:

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

Name and Address of New Registered Agent:

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

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

Title: T () Delete
Name: GORDAN, CHRISTOPHER I
Address: 1065 HOWELL HARBOR DR
City-St-Zip: CASSELBERRY, FL 32707 US

Title: S () Delete
Name: HARKINS, KATHLEEN
Address: 1040 HOWELL HARBOR DR
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: GORDON, CHRISTOPHER I
Address: 1065 HOWELL HARBOR DR
City-St-Zip: CASSELBERRY, FL 32707 US

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER J. GORDON

T

01/29/2009

Electronic Signature of Signing Officer or Director

Date