

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90030 011 ****61.25

DOCUMENT # N06000000751

1. Entity Name
HARBOR PINES HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC.



Principal Place of Business
**4776 NEW BROAD ST., SUITE 250
ORLANDO, FL 32814**

Mailing Address
**4776 NEW BROAD ST., SUITE 250
ORLANDO, FL 32814**

2. Principal Place of Business - No P.O. Box #
5401 S. Kirkman Rd.

3. Mailing Address
5401 S. Kirkman Rd.

Suite, Apt. #, etc.
Suite 450

Suite, Apt. #, etc.
Suite 450

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32814

Country
USA

Zip
32814

Country
USA

01212008 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**POHL & SHORT, P.A.
280 W. CANTON AVE., SUITE 410
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent
Community Management Professionals, Inc.
5401 S. Kirkman Rd., Suite 450
Orlando FL 32814

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 **Harbenter Pres.** DATE **1-21-08**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	D GODWIN, ROBERT H 4776 NEW BROAD ST., SUITE 250 ORLANDO, FL 32814 <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	D MELOON, MELISSA 4776 NEW BROAD ST., SUITE 250 ORLANDO, FL 32814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE **Melissa Meloon** DATE **1-21-08** DAYTIME PHONE **407/903-9999**

Signature and typed or printed name of signing officer or director