2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N06000000751

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

Current Principal Place of Business:

5401 S. KIRKMAN RD.
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 S. KIRKMAN RD.
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 26-0483704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN RD, SUITE 450
ORLANDO, FL 32819 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: D ( ) Delete
Name: GODWIN, ROBERT H
Address: 4776 NEW BROAD ST., SUITE 250
City-St-Zip: ORLANDO, FL 32814

Title: D ( ) Delete
Name: MELOON, MELISSA
Address: 4776 NEW BROAD ST., SUITE 250
City-St-Zip: ORLANDO, FL 32814

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORRIS, KENNETH
Address: 2126 BRIARCLIFF CIRCLE
City-St-Zip: MT. DORA, FL 32757

Title: VP (X) Change ( ) Addition
Name: POLITZ, MICAH
Address: 2043 BRIARCLIFF CIRCLE
City-St-Zip: MT. DORA, FL 32757

Title: S/T ( ) Change (X) Addition
Name: ROMAN, CELSA P
Address: 2117 BRIARCLIFF CIRCLE
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Change (X) Addition
Name: PADILLA, CARMEN
Address: 2141 BRIARCLIFF CIRCLE
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Change (X) Addition
Name: DUBEAU, VINCENT
Address: 2153 BRIARCLIFF CIRCLE
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Change (X) Addition
Name: MAULDIN, KEITH
Address: 2039 BRIARCLIFF CIRCLE
City-St-Zip: MT. DORA, FL 32757

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: KENNETH MORRIS P 01/08/2009

Electronic Signature of Signing Officer or Director — Date