2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000751

FILED Apr 06, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5401 S. KIRKMAN RD. ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

5401 S. KIRKMAN RD. ORLANDO, FL 32819

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

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

COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S. KIRKMAN RD, SUITE 450 ORLANDO, FL 32819 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: COLON, HECTOR
Address: 2125 BRIARCLIFF CIRCLE
City-St-Zip: MT. DORA, FL 32757

Title: VP

Name: DUBEAU, VINCENT
Address: 2153 BRIARCLIFF CIRCLE
City-St-Zip: MT. DORA, FL 32757

Title: S

Name: ROMAN, CELSA P Address: 2117 BRIARCLIFF CIRCLE City-St-Zip: MT. DORA, FL 32757

Title: T

Name: BASCOMBE, F.F. DR.
Address: 2015 BRIARCLIFF CIRCLE
City-St-Zip: MT. DORA, FL 32757

Title:

Name: ROMAN, VANESSA P Address: 2141 BRIARCLIFF CIRCLE City-St-Zip: MT. DORA, FL 32757

Title:

Name: GOULD, CARRIE

Address: 2020 BRIARCLIFF CIRCLE City-St-Zip: MT. DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: HECTOR COLON P 04/06/2010