
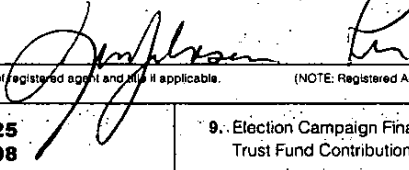
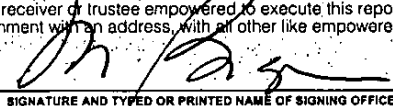


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90029 014 ****61.25

DOCUMENT # N06000001101					
1. Entity Name GULF HARBOR VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5623 US HIGHWAY 19 SUITE 201 NEW PORT RICHEY, FL 34652			Mailing Address 5609 US 19 E. NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # 5609 US 19		3. Mailing Address 5609 US 19			
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc. Suite E			
City & State New Port Richey, FL		City & State New Port Richey, FL			
Zip 34652		Country USA		Zip 34652	
Country USA		Country USA			
4. Name and Address of Current Registered Agent FIEBE, CRAIG J 5623 US HIGHWAY 19 SUITE 201 NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name: Community Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 5609 US 19 Suite E City: New Port Richey FL Zip Code: 34652		
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: 					
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE D	NAME FIEBE, CRAIG J		<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
STREET ADDRESS 5623 US HIGHWAY 19 SUITE 201	CITY-ST-ZIP NEW PORT RICHEY, FL 34652		TITLE: P Joanne Fiebe NAME: P.O. Box 670 STREET ADDRESS: New Port Richey, FL 34656 CITY-ST-ZIP:		
TITLE D	NAME FIEBE, JOANNE K		<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Megan Burgess STREET ADDRESS: P.O. Box 670 CITY-ST-ZIP: New Port Richey, FL 34656	
STREET ADDRESS P.O. BOX 670	CITY-ST-ZIP PORT RICHEY, FL 34673		TITLE: JLT NAME: Kerry Wicks STREET ADDRESS: P.O. Box 670 CITY-ST-ZIP: New Port Richey, FL 34656		
TITLE D	NAME FIEBE, JOANNE K		<input type="checkbox"/> Delete	TITLE: JLT NAME: Kerry Wicks STREET ADDRESS: P.O. Box 670 CITY-ST-ZIP: New Port Richey, FL 34656	
STREET ADDRESS P.O. BOX 670	CITY-ST-ZIP PORT RICHEY, FL 34673		TITLE: JLT NAME: Kerry Wicks STREET ADDRESS: P.O. Box 670 CITY-ST-ZIP: New Port Richey, FL 34656		
TITLE D	NAME FIEBE, JOANNE K		<input type="checkbox"/> Delete	TITLE: JLT NAME: Kerry Wicks STREET ADDRESS: P.O. Box 670 CITY-ST-ZIP: New Port Richey, FL 34656	
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TITLE D	NAME FIEBE, JOANNE K		<input type="checkbox"/> Delete	TITLE: JLT NAME: Kerry Wicks STREET ADDRESS: P.O. Box 670 CITY-ST-ZIP: New Port Richey, FL 34656	
STREET ADDRESS P.O. BOX 670	CITY-ST-ZIP PORT RICHEY, FL 34673		TITLE: JLT NAME: Kerry Wicks STREET ADDRESS: P.O. Box 670 CITY-ST-ZIP: New Port Richey, FL 34656		
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 or other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 04.07.2008					
Daytime Phone #: 727-816-9900					