

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001101

FILED
Apr 21, 2009
Secretary of State

Entity Name: GULF HARBOR VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 02-0773996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5609 US 19
SUITE E
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652 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:

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIEBE, JOANNE
Address: P.O. BOX 670
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: VP () Delete
Name: BURGESS, MEGAN
Address: P.O. BOX 670
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: ST () Delete
Name: WICKS, KERRY
Address: P.O. BOX 670
City-St-Zip: NEW PORT RICHEY, FL 34656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: FIEBE, JOANNE
Address: P.O. BOX 670
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: PD (X) Change () Addition
Name: FIEBE, CRAIG
Address: P.O. BOX 670
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: TD (X) Change () Addition
Name: WICKS, KERRY
Address: P.O. BOX 670
City-St-Zip: NEW PORT RICHEY, FL 34656

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: JOANNE FIEBE

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04/21/2009

Electronic Signature of Signing Officer or Director

Date