2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003224

FILED Apr 27, 2009 Secretary of State

Entity Name: HARBOR WINDS TOWNHOMES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1600 WEST COLONIAL DRIVE ORLANOD, FL 32804 **Current Mailing Address: New Mailing Address:** 1600 WEST COLONIAL DRIVE ORLANDO, FL 32804 FEI Number: 20-4585663 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: HANSON, JACK 1600 WEST COLONIAL DRIVE ORLANDO, FL 32804 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change () Addition DIVJAK, DAN RESNICK, CADE Name: Name: 151 SOUTHHALL LANE, STE. 200 Address: 420 HARBOR WINDS COURT Address: MAITLAND, FL 32751 City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708 Title: DV () Delete Title: (X) Change () Addition PIAZZA, KETICA Name: RENTAS, JOSE Name: Address: 151 SOUTHHALL LANE, STE, 200 Address: 443 HARBOR WINDS COURT City-St-Zip: MAITLAND, FL 32751 City-St-Zip: WINTER SPRINGS, FL 32708 Title: DST () Delete Title: (X) Change () Addition WIXTED, MATTHEW WHITE, JIM Name: Name: 151 SOUTHHALL LANE, STE. 200 452 HARBOR WINDS COURT Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: () Change (X) Addition Name: Name: KING, AMANDA 428 HARBOR WINDS COURT Address: Address: City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: () Change (X) Addition SAPORITO, SAM Name: Name: 411 HARBOR WINDS COURT Address: Address: City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: () Change (X) Addition WOJTOWICZ, STEPHEN Name: Name: Address: Address: 444 HARBOR WINDS COURT WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip:

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: CADE RESNICK P 04/27/2009