2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004214

FILED Apr 24, 2007 Secretary of State

Entity Name: HABANA TOWNHOME OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1011 N. ARMENIA AVE. 420 S. HABANA AVE. TAMPA, FL 33607 TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 1011 N. ARMENIA AVE. 420 S. HABANA AVE TAMPA, FL 33607 TAMPA, FL 33609 FEI Number: 20-5731321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LABRAM, DALE LABRAM, SARAH 1011 N. ARMENIA AVE. 420 S. HABANA AVE. TAMPA, FL 33607 TAMPA, FL 33609 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: SARAH LABRAM 04/24/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete **PRES** () Change (X) Addition LABRAM, ELISA Name: Name: Address: Address: 418 S. HABANA AVE. City-St-Zip: City-St-Zip: TAMPA, FL 33609 Title: Title: () Change (X) Addition () Delete Name: Name: PERKINS, MICHAEL Address: Address: 416 S. HABANA AVE. City-St-Zip: City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: SEC () Change (X) Addition RUNKLE, PAMELA Name: Name: 422 S. HABANA AVE. Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: **TRES** () Change (X) Addition Name: Name: LABRAM, SARAH Address: Address: 420 S. HABANA AVE. City-St-Zip: City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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: SARAH LABRAM **TRES** 04/24/2007