

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004214

FILED
Apr 09, 2008
Secretary of State

Entity Name: HABANA TOWNHOME OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

420 S. HABANA AVE.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

420 S. HABANA AVE.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-5731321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABRAM, SARAH
420 S. HABANA AVE.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: PRES () Delete
Name: LABRAM, ELISA
Address: 418 S. HABANA AVE.
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: PERKINS, MICHAEL
Address: 416 S. HABANA AVE.
City-St-Zip: TAMPA, FL 33609

Title: SEC () Delete
Name: RUNKLE, PAMELA
Address: 422 S. HABANA AVE.
City-St-Zip: TAMPA, FL 33609

Title: TRES () Delete
Name: LABRAM, SARAH
Address: 420 S. HABANA AVE.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SARAH LABRAM

TRES

04/09/2008

Electronic Signature of Signing Officer or Director

Date