## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # N06000006982 03-14-2008 90030 025 \*\*\*\*61.25 1. Entity Name HARBOR SHORES HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 12313 PINE ISLAND DR P O BOX 350144 GRAND ISLAND, FL 32735 LEESBURG, FL 34788 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 CR2E037 (12/06) Applied For City & State 4. FEI Number City & State 59-2348485 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 title if applicable DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change **X** Addition D □ Delete TITLE TITLE NANCY HURLBERT, BARBIC, JACK NAME NAME 35624 CYPRESS CT. 35642 EXPRESS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP LEESBURG, FL 34788 Addition Delete TITLE Change TITLE LAMANNA, JOHN TEEGARDIN, JACK R NAME 12313 PINE ISLAND DR STREET ADDRESS 35537 CYPRESS STREET ADDRESS CT. CITY-ST-ZIP EESBURG, FL 34788 CITY-ST-ZIP LEESBURG, FL 34788 ☐ Change Addition TITLE TITLE Delete WOMBLE, SHARON 12747 PINE TSLAND DR MILLER, PATTY NAME NAME 12313 QUAIL RUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP LEESBURG, FL 34788 EESBURG, FL 34788 Addition ☐ Delete TIFI F ☐ Change TITLE HOWARD, RON NAME DAVIS, SUZANNE NAME 12313 PINE ISLAND DR STREET ADDRESS STREET ADDRESS CYPRESS 356*50* CITY-ST-ZIP CITY-ST-ZIP LEESBURG, FL 34788 TIT1 F Change ☐ Addition ☐ Delete TITLE HAYNES, DONNA NAME NAME STREET ADDRESS STREET ADDRESS 35615 QUAIL RUN CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE **BEARY, TIMOTHY J** NAME NAME STREET ADORESS STREET ADDRESS 12313 PINE ISLAND DR

12. I hereby certify that the information supplied with this filting 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 all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-7IP

LEESBURG, FL 34788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08

352-589-2826

Daytime Phone #

FILED Mar 14, 2008 8:00 am