

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06157

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE HARBOR CLUB OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

201 CLUB HOUSE DR
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

4700 MILLENIA BLVD
SUITE 600
ORLANDO, FL 32839 US

New Mailing Address:

FEI Number: 59-2491392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, JARED M
4700 MILLENIA BLVD
SUITE 600
ORLANDO, FL 32839 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: DPS () Delete
Name: MEYERS, JARED M
Address: 4700 MILLENIA BLVD, SUITE 600
City-St-Zip: ORLANDO, FL 32839

Title: D,T () Delete
Name: MEYERS, NEIL S DR
Address: 4700 MILLENIA BLVD, SUITE 600
City-St-Zip: ORLANDO, FL 32839

Title: D,VP () Delete
Name: LEWIS, CRAIG
Address: 4700 MILLENIA BLVD, SUITE 600
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MEYERS, JARED M
Address: 4700 MILLENIA BLVD, SUITE 600
City-St-Zip: ORLANDO, FL 32839 US

Title: DVPT (X) Change () Addition
Name: LEWIS, CRAIG
Address: 4700 MILLENIA BLVD, SUITE 600
City-St-Zip: ORLANDO, FL 32839 US

Title: D (X) Change () Addition
Name: MEYERS, NEIL S
Address: 4700 MILLENIA BLVD, SUITE 600
City-St-Zip: ORLANDO, FL 32839 US

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: TIMOTHY C. MARTIN

AS

04/30/2008

Electronic Signature of Signing Officer or Director

Date