

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001385

FILED
Apr 07, 2011
Secretary of State

Entity Name: HARBOUR PLACE PROPERTY OWNERS ASSOCIATION OF TAMPA, INC.

Current Principal Place of Business:

POST PROPERTIES, INC.
4401 NORTHSIDE PARKWAY, SUITE 800
ATLANTA, GA 303273057

New Principal Place of Business:

POST PROPERTIES, INC.
4401 NORTHSIDE PARKWAY, SUITE 800
ATLANTA, GA 30327

Current Mailing Address:

POST PROPERTIES, INC.
4401 NORTHSIDE PARKWAY, SUITE 800
ATLANTA, GA 303273057

New Mailing Address:

POST PROPERTIES, INC.
4401 NORTHSIDE PARKWAY, SUITE 800
ATLANTA, GA 30327

FEI Number: 30-0466534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKWOOD, CAROLE T
MECHANIK NUCCIO HEARNE & WESTER, P.A.
305 S BOULEVARD
TAMPA, FL 33606 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: D
Name: DAVIS, JIM
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: D
Name: HARRIS, JEFFREY
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: D
Name: TEABO, SHEILA J
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: O/P
Name: SILLAY, AUTUMN
Address: 4401 NORTHSIDE PARKWAY
City-St-Zip: ATLANTA, GA 30327

Title: O/V
Name: ECKLIN, KELLY
Address: 4401 NORTHSIDE PARKWAY
City-St-Zip: ATLANTA, GA 30327

Title: O/S
Name: DAVIS, JIM
Address: 4401 NORTHSIDE PARKWAY
City-St-Zip: ATLANTA, GA 30327

I hereby 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 all other like empowered.

SIGNATURE: AUTUMN SILLAY

O/P

04/07/2011

Electronic Signature of Signing Officer or Director

Date