2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21271

FILED Mar 21, 2009 Secretary of State

Entity Name: HARMONY LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
4780 NORTH STATE RD 7 SUITE E250 LAUDERDALE LAKES, FL 33319 US					4801 SOUTH UNIVERSITY DRIVE SUITE 132 DAVIE, FL 33328 US			
Current Mailing Address:					New Mailing Address:			
-					_			
4800 NORTH STATE ROAD 7 STE 105 LAUDERDALE LAKES, FL 33319 US					4801 SOUTH UNIVERSITY DRIVE SUITE 132 DAVIE, FL 33328 US			
FEI Number	: 65-0142707	FEI Numb	er Applied For ()	FEI Nun	nber Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	urrent Re	gistered Agent:		Name and	Address of N	lew Registered Agent:	
1501 N.W SUITE 202 FT. LAUD The above	ERDALE, FL 33	3309 US	s statement for the p	ourpose o	f changing i	ts registered o	ffice or registered agent, or bo	
SIGNATU								
01014/110		c Signatur	re of Registered Age	ent			Date	
OFFICER	S AND DIRECT	ORS:			ADDITION	IS/CHANGES	TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	D () I SCALI, TOM 11020 N HARMC DAVIE, FL 3332		CIRCLE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	P () I AYHENS, MICHA 11116 S.W. 15TI DAVIE, FL 3332	H MANOR			Title: Name: Address: City-St-Zip:	PD (X) AYHENS, MICH 11116 S.W. 15 ⁻ DAVIE, FL 333	TH MANOR	
Title: Name: Address: City-St-Zip:	TD () I BLAKEMAN, JUE 111120 N. HARM DAVIE, FL 3332	10NY LAKE	S CIRCLE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Fitle: Name: Address: City-St-Zip:	SD () I LLERA, KAREN 1604 W HARMO DAVIE, FL 3332				Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () I LATCHU, SHERY 11110 N. HARMO DAVIE, FL 3332	ONY LAKES	CIRCLE		Title: Name: Address: City-St-Zip:	LATCHU, SHER	IONY LAKES CIRCLE	
oity-ot-zip.					Title:	D (X)	Change () Addition	

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: KAREN H. LLERA SD 03/21/2009