

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90148 022 \*\*\*\*61.25

<b>DOCUMENT # N22099</b>	
1. Entity Name HARBOR OAKS AREA HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 718 PALM CIRCLE DRIVE PORT ORANGE, FL 32127	Mailing Address 61 EAST BAYSHORE DR PORT ORANGE, FL 32127



24069179



**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2840125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

~~QUICK, THOMAS R~~ BRAMEREL, LYNNE  
718 PALM CIRCLE DRIVE 61 EAST BAYSHORE DR.  
HARBOR OAKS  
PORT ORANGE, FL 32127

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IN THIS SPACE**

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 LYNNE BRAMEREL, PRESIDENT Lynne Bramerel 04/27/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GLORIA J 426 CACTUS ST PT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUICK, THOMAS R 718 PALM CIRCLE DRIVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, TIMMIE 26 CEDAR ST. PT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAMEREL, LYNNE 61 EAST BAYSHORE DR PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, LOU 715 PALM CIRCLE DRIVE PT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSTON, BOB 5588 LANCEWOOD DR PORT ORANGE, FL 32127

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Lynne Bramerel LYNNE BRAMEREL 04/27/2004 386-322-9645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #