


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N22099 1. Entity Name HARBOR OAKS AREA HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 61 EAST BAYSHORE PORT ORANGE, FL 32127	Mailing Address 61 EAST BAYSHORE PORT ORANGE, FL 32127
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02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

BRAMEREL, LYNNE
61 EAST BAYSHORE DR.
PORT ORANGE, FL 32127

**DO NOT WRITE
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

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, 2005**

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	P BRAMEREL, LYNNE 61 EAST BAYSHORE DR. 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 QUICK, THOMAS R 61 EAST BAYSHORE DR. PT 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 WILES, JACK 5885 RIVERSIDE DR. PT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000239107
02/22/05-80030-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #