

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22099

FILED
Apr 09, 2009
Secretary of State

Entity Name: HARBOR OAKS AREA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5683 RIVERSIDE DR
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

718 PALM CIRCLE DR
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2840125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUICK, THOMAS
718 PALM CIRCLE DR.
PORT ORANGE, FL 32127 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: P () Delete
Name: THOMAS, JORDAN
Address: 5603 RIVERSIDE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: JORDAN, MICHELLE
Address: 5683 RIVERSIDE DR
City-St-Zip: PT ORANGE, FL 32127

Title: T () Delete
Name: QUICK, THOMAS R
Address: 718 PALM CR. DR.
City-St-Zip: PT ORANGE, FL 32127

Title: D () Delete
Name: BOWMAN, LOU
Address: 715 PALM CIRCLE DRIVE
City-St-Zip: PT ORANGE, FL 32127

Title: V () Delete
Name: BRAMER, LYNN
Address: 61 EAST BAYSHORE DR
City-St-Zip: PT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS QUICK

TREA

04/09/2009

Electronic Signature of Signing Officer or Director

Date