## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22099

FILED Mar 03, 2010 Secretary of State

Entity Name: HARBOR OAKS AREA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5683 RIVERSIDE DR 718 PALM CIRCLE DRIVE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

718 PALM CIRCLE DR 718 PALM CIRCLE DRIVE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

FEI Number: 59-2840125 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUICK, THOMAS
718 PALM CIRCLE DR.
PORT ORANGE, FL 32127 US
QUICK, THOMAS
718 PALM CIRCLE DRIVE
PORT ORANGE, FL 32127 US

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: 03/03/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: I

Name: THOMAS, QUICK
Address: 718 PALM CIRCLE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S

 Name:
 JOAN, BAUSERT

 Address:
 02 CEDAR STREET

 City-St-Zip:
 PT ORANGE, FL 32127

Title: T

Name: BRAMEREL, LYNN
Address: 61 EAST BAYAHORE DRIVE
City-St-Zip: PT ORANGE, FL 32127

Title:

Name: BOWMAN, LOU

Address: 715 PALM CIRCLE DRIVE City-St-Zip: PT ORANGE, FL 32127

Title: \

Name: LEWIS, LARRY

Address: 5506 WEST BAYSHORE DR City-St-Zip: PT ORANGE, FL 32127

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: THOMAS QUICK PRES 03/03/2010