## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22099

FILED Feb 20, 2011 Secretary of State

Entity Name: HARBOR OAKS AREA HOMEOWNERS ASSOCIATION, INC.

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

718 PALM CIRCLE DRIVE 61 E BAYSHORE DRIVE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

718 PALM CIRCLE DRIVE 61 EAST BAYSHORE 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 DRIVE
PORT ORANGE, FL 32127 US
BRAMEREL, LYNNE
61 E BAYSHORE 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: LYNNE BRAMEREL 02/20/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: LINDA, BROWN

Address: 22 EAST BAYSHORE 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, LYNNE
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: LYNNE BRAMEREL T 02/20/2011