2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27499

FILED Apr 10, 2008 Secretary of State

Entity Name: HARBOR PINES HOMEOWNERS ASSOCIATION, INC.

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

995 HARBOR PINES DR

MERRITT ISLAND, FL 32952 US

Current Mailing Address: New Mailing Address:

952 HARBOR PINES DR 995 HARBOR PINES DR

MERRITT ISLAND, FL 32952 US MERRITT ISLAND, FL 32952 US

FEI Number: 59-2911950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

YENCHICK, JACQUELINE O PHELPS, PRESTON E 972 HARBÓR PINES DR 1021 HARBOR PINES DR

MERRITT ISLAND, FL 32952 US MERRITT ISLAND, FL 32952 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: PRESTON E. PHELPS 04/10/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

YENCHICK, JACQUELINE O PHELPS, PRESTON E Name: Name: 972 HARBOR PINES DR Address: 1021 HARBOR PINES DR Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952

(X) Change () Addition Title: Title: () Delete

Name: SMITH, LIBBY Name: JAMES, ARTHUR

Address: 995 HARBOR PINES DRIVE Address: 1008 HARBOR PINES DRIVE City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952

Title: DST () Delete Title: DST (X) Change () Addition

PHELPS, MARY BETH Name: SMITH, ELIZABETH Y Name: 1021 HARBOR PINES DR 995 HARBOR PINES DR Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952

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: ELIZABETH SMITH DST 04/10/2008

Electronic Signature of Signing Officer or Director

Date