


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 08:00-AM
Secretary of State

DOCUMENT # N29451	
1. Entity Name THE HARBOR HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O TRACY ANES 238 HARBOR CT WINTER GARDEN, FL 34787	Mailing Address C/O TRACY ANES 238 HARBOR CT WINTER GARDEN, FL 34787
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DO NOT WRITE IN THIS SPACE



08042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2951308	Applied For <input type="checkbox"/> 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

**JOHNSON, BLAIR M
425 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANES, TRACY 238 HARBOR COURT WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DRAKE, TAMMY 216 HARBOR DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, JAMES 229 HARBOR DRIVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/07/05-80003-006, 61, 25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Tracy Anes</i>	8/15/05	407-905-9525
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>