## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 03, 2007 8:00 am Secretary of State DOCUMENT # N29451 1. Enlity Namo 04-03-2007 90015 045 \*\*\*\*61.25 THE HARBOR HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O TRACY ANES 238 HARBOR CT C/O TRACY ANES 238 HARBOR CT WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2951308 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo JOHNSON, BLAIR M Street Address (P.O. Box Number is Not Acceptable) 425 SOUTH DILLARD STREET WINTER GARDEN FL 34787 City Zip Code 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. (am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition NAME ANES, TRACY NAM STREET ADDRESS 238 HARBOR COURT STREET ADDRESS CITY - ST- ZIP CITY+ST-7IP WINTER GARDEN FL 34787 TITLE ☐ Defete HILE Change ■ Addition NAME DRAKE, TAMMY NAME STREET ADDRESS 216 HARBOR DR. STREET ADDRESS CITY SI-7IP CITY-S1-ZIP WINTER GARDEN FL 34787 mu. 👿 Delete HILL ☐ Change X Addition NAM NAME SNYDER, JAMES STREET ADDRESS STREET ADDRESS 229 HARBOR DRIVE CITY-ST-7IF CITY-ST-7IP WINTER GARDEN FL 34787 IIIŒ ☐ Defete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7(P CHY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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:

JACA DO STRING NAME OF SI

Tracy Ane

3/15/09 40

**FILED** 

407.905-962