

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31903

FILED
May 08, 2009
Secretary of State

Entity Name: HARBOR WOODS NORTH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1601 POLO CLUB DR
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

1601 POLO CLUB DR
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-2997691 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUTTIE, MALCOLM R
765 SADDLEBROOK DR
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GRECO, TOM
Address: 1675 PALDMINO DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S () Delete
Name: JERRY, LEE
Address: 740 DERBY DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T () Delete
Name: SUTTIE, MALCOLM
Address: 765 SADDLEBROOK DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P () Delete
Name: MACPHERSON, BLAKE
Address: 1675 POLO CLUB DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PR () Delete
Name: LEVY, MARK
Address: 884 DEBRY DR.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MALCOLM R. SUTTIE

TREA

05/08/2009

Electronic Signature of Signing Officer or Director

Date