

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32512

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** HARBOR HILLS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1001 N. LAKE DESTINY ROAD  
SUITE 125  
MAITLAND, FL 32751

**New Principal Place of Business:**

1001 N. LAKE DESTINY ROAD  
SUITE 125  
MAITLAND, FL 32751 US

**Current Mailing Address:**

1001 N. LAKE DESTINY ROAD  
SUITE 125  
MAITLAND, FL 32751

**New Mailing Address:**

1001 N. LAKE DESTINY ROAD  
SUITE 125  
MAITLAND, FL 32751 US

**FEI Number:** 59-3007061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARMSTRONG, JANICE C  
1001 N. LAKE DESTINY ROAD  
SUITE 125  
MAITLAND, FL 32751 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: P  
Name: RICH, MICHAEL  
Address: 1001 N LAKE DESTINY DR, STE 125  
City-St-Zip: MAITLAND, FL 32751 US

Title: TS  
Name: MILLER, LU ANN  
Address: 1001 N LAKE DESTINY DR, STE 125  
City-St-Zip: MAITLAND, FL 32751 US

Title: D  
Name: HENNE, STEVE  
Address: 1001 N LAKE DESTINY DR, STE 125  
City-St-Zip: MAITLAND, FL 32751 US

Title: D  
Name: RICH, ADAM  
Address: 1001 N LAKE DESTINY DR, STE 125  
City-St-Zip: MAITLAND, FL 32751 US

Title: D  
Name: PINDER, MICHELE  
Address: 1001 N LAKE DESTINY DR, STE 125  
City-St-Zip: MAITLAND, FL 32751 US

Title: D  
Name: ALBANESE, VAN  
Address: 1001 N LAKE DESTINY DR, STE 125  
City-St-Zip: MAITLAND, FL 32751 US

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: LORI COLLIER

MS

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date