

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

W05000052131

FILED

06 JAN 31 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33934

1. Entity Name
HARMON OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
1289 HARMON AVENUE
WINTER PARK, FL 32789 US

Mailing Address

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT
COR2005 (6/04)

04-06

4. FEI Number
59-2966421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLSON, CAROLYN M
1279 HARMON AVE
WINTER PARK, FL 32789

Name Lezlie Laws

Street Address (P.O. Box Number is Not Acceptable)

1289 Harmon Ave.

City Winter Park

FL

Zip Code 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CARLSON, WESLEY A
STREET ADDRESS 1279 HARMON AVE
CITY-ST-ZIP WINTER PARK, FL 32789 ☒ Delete

TITLE President/secretary
NAME Lezlie Laws
STREET ADDRESS 1289 Harmon Ave.
CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ Addition

TITLE VPD
NAME KOVISARS, JUDITH
STREET ADDRESS 1289 HARMON AVE
CITY-ST-ZIP WINTER PARK, FL 32789 ☒ Delete

TITLE Treasurer
NAME Geri White
STREET ADDRESS 1277 Harmon Ave.
CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ Addition

TITLE TD
NAME CARLSON, CAROLYN M
STREET ADDRESS 1279 HARMON AVE
CITY-ST-ZIP WINTER PARK, FL 32789 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TS
NAME LOFMAN, BRIAN
STREET ADDRESS 1297 HARMON AVE
CITY-ST-ZIP WINTER PARK, FL 32789 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. All other filers empowered.

SIGNATURE:

Lezlie Laws, President

August 29, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

B. Mitchell FEB 2 2006