

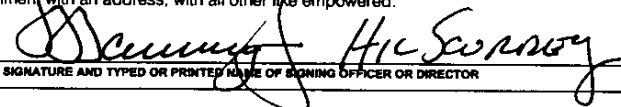


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2008 8:00 am**  
**Secretary of State**

07-30-2008 90028 004 \*\*\*\*61.25

<b>DOCUMENT # N34623</b>					
1. Entity Name <b>HAINESPORT PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>155 HAINESPORT LAKE ALFRED, FL 33850 US</b>			Mailing Address <b>155 HAINESPORT LAKE ALFRED, FL 33850 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3018370</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCURREY, HIL 155 HAINESPORT LAKE ALFRED, FL 33850</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 		Hil Surrency		7-27-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	T SCURREY, HIL	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	155 HAINESPORT		STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED, FL 33850		CITY-ST-ZIP		
TITLE NAME	S ATTERSON, MARIE	<input type="checkbox"/> Delete	TITLE NAME	ATTERSON, MARK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	115 HAINES PORT		STREET ADDRESS	155 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED, FL 33850		CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE NAME	P CLINTON, AMBROSE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	130 HAINESPORT		STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED, FL 33850		CITY-ST-ZIP		
TITLE NAME	VP THOMAS, KATHY	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	180 HAINES PORT		STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED, FL 33850		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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 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: 		Hil Surrency		7-27-08 868956-0596	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	