2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N34738

Entity Name: THE SEASONS AT HARVEST VILLAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7552 NAVARRE PARKWAY
SUITE 4
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

7552 NAVARRE PARKWAY
SUITE 4
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3013477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORDELON, MATT
2721 GULF BREEZE PKWY
GULF BREEZE, FL 32563 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: T ( ) Delete
Name: COLANGELO, MICHELLE
Address: 7552 NAVARRE PARKWAY #4
City-St-Zip: NAVARRE, FL 325667322

Title: P ( ) Delete
Name: ALEX, RICK
Address: 7552 NAVARRE PARKWAY #4
City-St-Zip: NAVARRE, FL 325667322

Title: VP ( ) Delete
Name: SVENDSON, MICHAEL
Address: 7552 NAVARRE PARKWAY #4
City-St-Zip: NAVARRE, FL 325667322

Title: S ( ) Delete
Name: LINTON, CYNDY
Address: 7552 NAVARRE PARKWAY #4
City-St-Zip: NAVARRE, FL 325667322

Title: VP (X) Delete
Name: PARSONS, SCOTT
Address: 7552 NAVARRE PARKWAY #4
City-St-Zip: NAVARRE, FL 325667322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: ABERSHIRE, DANIEL
Address: 7552 NAVARRE PARKWAY #4
City-St-Zip: NAVARRE, FL 325667322

Title: VP (X) Change ( ) Addition
Name: PARSON, SCOTT
Address: 7552 NAVARRE PARKWAY #4
City-St-Zip: NAVARRE, FL 325667322

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: MICHELLE COLANGELO T 01/14/2009
Electronic Signature of Signing Officer or Director Date