

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42738

FILED
Apr 25, 2007
Secretary of State

Entity Name: HARBOR EAST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

HARBOR EAST HOME OWNER'S ASSN.
1802 PINE ST
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

HARBOR EAST HOME OWNER'S ASSN.
1802 PINE ST
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 59-3057704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VYAS, SHARAD
HARBOR EAST HOME OWNER'S ASSN.
1802 PINE ST
MELBOURNE BEACH, FL 32951 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: PD () Delete
Name: TOMPKINS, SUE
Address: 2004 NEPTUNE DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP () Delete
Name: HOLT, DUNCAN
Address: 444 RIVERVIEW LN
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T () Delete
Name: VYAS, SHARAD R
Address: 1802 PINE ST
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: RAUCHFUSS, JIM
Address: 445 SANDY KEY
City-St-Zip: MELBOURNE BEACH, FL 32951

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:

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: SHARAD VYAS

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04/25/2007

Electronic Signature of Signing Officer or Director

Date