2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# N49247

Entity Name: HARBORPOINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 52-1888161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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
Name: HASHIM, CHRISTINE
Address: 4433 HARBORPOINTE DR
City-St-Zip: PORT RICHEY, FL 34668

Title: TD
Name: DUDLEY, RON
Address: 12130 US 19
City-St-Zip: HUDSON, FL 34667

Title: D
Name: CAPPS, MAUREEN
Address: 4613 HARBORPOINTE DR
City-St-Zip: PORT RICHEY, FL 34668

Title: VPD
Name: PASSANNANTE, LOUIS
Address: 4417 HARBORPOINTE DR
City-St-Zip: PORT RICHEY, FL 34668

Title: SD
Name: JOHNSTON, KIM
Address: 8625 SEAPOINTE CT
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: FRIZALONE, ELLEN
Address: 4446 HARBORPOINTE DR
City-St-Zip: PORT RICHEY, FL 34668

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: CHRISTINE HASHIM PD 04/05/2010

Electronic Signature of Signing Officer or Director Date