2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N94000004616

Entity Name: HARBOR ISLAND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1008 PARK AVE.
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

1008 PARK AVE.
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 59-3291860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, LINDA M
1008 PARK AVE.
ORANGE PARK, FL 32073 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: BURLESON, LARRY
Address: 1390 BOW LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: TD ( ) Delete
Name: LEWIS, JERRY
Address: 1250 PIRATES COVE LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: SD ( ) Delete
Name: MCKINNEY, ANITA
Address: 1212 STERN WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: BARNES, JOHN
Address: 1587 HAMMOCK BAY CT.
City-St-Zip: ORANGE PARK, FL 32003

Title: VPD ( ) Change (X) Addition
Name: ROBERTSON, GEORGE
Address: 1204 STERN WAY
City-St-Zip: ORANGE PARK, FL 32003

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: LARRY BURLESON PD 02/09/2009

Electronic Signature of Signing Officer or Director — Date