2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

DOCUMENT# N94000005673

Entity Name: HARBOR ISLE SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1750 W BROADWAY STREET
SUITE 222
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 620368
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 59-3315933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, KEVIN M LCAM
1750 W BROADWAY STREET
SUITE 222
OVIEDO, FL 32765 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: P
Name: LEWIS, FAWN
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

Title: T
Name: HOOPER, SCOTT
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

Title: S
Name: BECKER, ELAINE C
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

Title: VP
Name: HILL, KEITH
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

Title: D
Name: KEOUGHAN, KRISTI
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

Title: D
Name: WHEATON, BILL
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

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: KEVIN DAVIS O 03/30/2012

Electronic Signature of Signing Officer or Director — Date