


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90003 048 ****61.25

DOCUMENT # N95000004576

1. Entity Name
HARBOR HILLS OF PALM HARBOR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~1 SUNFLOWER DRIVE~~ ~~1 SUNFLOWER DRIVE~~
~~PALM HARBOR, FL 34689~~ US ~~PALM HARBOR, FL 34688~~ US

34683 40098853



07052006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3369183 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, TERRY
 2331 AZALEA DR.
 PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 6, 2006


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELLISON, CHRIS
STREET ADDRESS	P.O. BOX 2458
CITY-ST-ZIP	PALM HARBOR, FL 34682
TITLE	VD
NAME	PIERCE, RON
STREET ADDRESS	P.O. BOX 2458
CITY-ST-ZIP	PALM HARBOR, FL 34682
TITLE	STD
NAME	RYAN, TERRY
STREET ADDRESS	P.O. BOX 2458
CITY-ST-ZIP	PALM HARBOR, FL 34682
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **7-5-06 727-530-0077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #