

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004576

FILED  
Apr 11, 2007  
Secretary of State

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

**Current Principal Place of Business:**

P O BOX 2458  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

717 SUNFLOWER DRIVE  
PALM HARBOR, FL 34683 US

**Current Mailing Address:**

1 SUNFLOWER DRIVE  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

P.O. BOX 2458  
PALM HARBOR, FL 34683 US

FEI Number: 59-3369183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DOREEN, BLESSING  
717 SUNFLOWER DRIVE  
PALM HARBOR, FL 34683 US

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: DOREEN BLESSING

04/11/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ELLISON, CHRIS  
Address: P.O. BOX 2458  
City-St-Zip: PALM HARBOR, FL 34682

Title: VD ( ) Delete  
Name: PIERCE, RON  
Address: P.O. BOX 2458  
City-St-Zip: PALM HARBOR, FL 34682

Title: STD ( ) Delete  
Name: RYAN, TERRY  
Address: P.O. BOX 2458  
City-St-Zip: PALM HARBOR, FL 34682

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VLAHOS, TOM  
Address: P.O. BOX 2458  
City-St-Zip: PALM HARBOR, FL 34682

Title: VD (X) Change ( ) Addition  
Name: WRIGHT, DAVID  
Address: P.O. BOX 2458  
City-St-Zip: PALM HARBOR, FL 34682

Title: STD (X) Change ( ) Addition  
Name: BLESSING, DOREEN  
Address: P.O. BOX 2458  
City-St-Zip: PALM HARBOR, FL 34682

I hereby certify that the information supplied with this filing does not qualify for the 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: DOREEN BLESSING

STD

04/11/2007

Electronic Signature of Signing Officer or Director

Date