

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004576

FILED
Jan 30, 2008
Secretary of State

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

Current Principal Place of Business:

717 SUNFLOWER DRIVE
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3369183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BLESSING, DOREEN
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

01/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DOREEN BLESSING

STD

01/30/2008

Electronic Signature of Signing Officer or Director

Date