2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004576

FILED Jun 01, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

717 SUNFLOWER DRIVE 754 WILDFLOWER DR

PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 US

Current Mailing Address: 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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BLESSING, DOREEN MONTJOY, SCOTT
717 SUNFLOWER DRIVE 754 WILDFLOWER DR

PALM HARBOR, FL 34683 US 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: SCOTT MONTJOY 06/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WRIGHT, DAVID Name: SHELLABARGER, DOUGLAS

Name: WRIGHT, DAVID Name: SHELLABARGER, DOUGLAS
Address: P.O. BOX 2458 Address: P.O. BOX 2458

City-St-Zip: PALM HARBOR, FL 34682 City-St-Zip: PALM HARBOR, FL 34682

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 VLAHOS, TOM
 Name:
 WAIVIO, KARIN

 Address:
 P.O. BOX 2458
 Address:
 P.O. BOX 2458

City-St-Zip: PALM HARBOR, FL 34682 City-St-Zip: PALM HARBOR, FL 34682

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 BLESSING, DOREEN
 Name:
 MONTJOY, SCOTT

 Address:
 P.O. BOX 2458
 Address:
 P.O. BOX 2458

City-St-Zip: PALM HARBOR, FL 34682 City-St-Zip: PALM HARBOR, FL 34682

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: KARIN WAIVIO VD 06/01/2009