2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 02, 2009
Secretary of State

DOCUMENT# N96000000160

Entity Name: HARBOUR SPRINGS VILLAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

132 NADIA MICHELLE CT S
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

132 NADIA MICHELLE CT S
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3361525 **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:

BOWEN, THOMAS
132 NADIA MICHELLE CT S
JACKSONVILLE, FL 32225 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: THOMAS BOWEN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BOWEN, THOMAS
Address: 132 NADIA MICHELLE CT S
City-St-Zip: JACKSONVILLE, FL 32225

Title: DST (X) Delete
Name: DELUCIA, BARBARA
Address: 187 NADIA MICHELLE CT S.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV ( ) Delete
Name: MURPHY, BEVERLY
Address: 194 NADIA MICHELLE CT S
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DV (X) Change ( ) Addition
Name: MURPHY, BEVERLY
Address: 194 NADIA MICHELLE CT S
City-St-Zip: JACKSONVILLE, FL 32225 US

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: THOMAS BOWEN DP 12/02/2009

Electronic Signature of Signing Officer or Director — Date