

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001510

FILED
Jan 08, 2009
Secretary of State

Entity Name: HARRISON PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

200 HARRISON PL
PANAMA CITY, FL 32405

New Principal Place of Business:

200 HARRISON PLACE
PANAMA CITY, FL 32405

Current Mailing Address:

200 HARRISON PL
PANAMA CITY, FL 32405 US

New Mailing Address:

200 HARRISON PLACE
PANAMA CITY, FL 32405

FEI Number: 59-3374209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, ROYAL
1417 LUVERNE AVENUE
PANAMA CITY, FL 32401 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PRITCHARD, CHUCK
Address: 102 HARRISON PLACE
City-St-Zip: PANAMA CITY, FL 32405

Title: VD () Delete
Name: SMALLMAN, JOHN
Address: 118 HARRISON PLACE
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: BONNEY, JULIE
Address: 212 HARRISON PL
City-St-Zip: PANAMA CITY, FL 32405

Title: PD () Delete
Name: BRUNETTE, MARQUA LEE
Address: 106 HARRISON PLACE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHUCK PRITCHARD

TD

01/08/2009

Electronic Signature of Signing Officer or Director

Date