

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004112

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** HARBORTOWN HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

101 PARK PLACE BLVD  
SUITE 2  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

101 PARK PLACE BLVD  
SUITE 2  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 59-3417603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL  
101 PARK PLACE BLVD  
SUITE 2  
KISSIMMEE, FL 34741 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: P ( ) Delete  
Name: ZUNIGA, SUSAN  
Address: 2396 HARBOR TOWN DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: DVP ( ) Delete  
Name: ALCANTARA, CARLOS  
Address: 2837 N COURSE DR., APT 203  
City-St-Zip: POMPANO BEACH, FL 33068

Title: DST ( ) Delete  
Name: FIGUEROA, MICHELLE  
Address: 1804 LISA LANE  
City-St-Zip: KISSIMMEE, FL 34744

**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:

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: DOROTHY ARENA

CAM

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date