

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2008  
Secretary of State**

DOCUMENT# N97000001590

**Entity Name:** HARGETT LANE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3000 HARGETT LANE  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

3000 HARGETT LANE  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:** 59-3454518      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COTTON, LARRY JOE  
3000 HARGETT LANE  
SAFETY HARBOR, FL 34695      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: PD      ( ) Delete  
Name: COTTON, LARRY JOE  
Address: 3000 HARGETT LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD      ( ) Delete  
Name: BECKER, MARY BETH  
Address: 3022 HARGETT LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD      ( ) Delete  
Name: KUSHNER, MIKE  
Address: 3018 HARGETT LN  
City-St-Zip: SAFETY LANE, FL 34695

**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: MIKE KUSHNER

TD

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date