2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001895

FILED Apr 28, 2004 Secretary of State

Entity Name: HARBOUR POINTE HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	WELL AVE.						
SUITE 200 TAMPA, FI		US					
Current Mailing Address:				New Maili	New Mailing Address:		
SUITE 200							
TAMPA, FI	L 33614	US					
FEI Number:	59-3505951	FEI Number Ap	plied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and	Address o	f Current Registe	red Agent:	Name and	Address of New Registered Agent:		
WILLIAMS 3434 COL\ SUITE 200 TAMPA, FI	WELL AVE.						
	named enti e of Florida.	y submits this stat	ement for the pu	rpose of changing i	ts registered office or registered agent, or both,		
SIGNATUF							
	Electr	onic Signature of I	Registered Agen	t	Date		
OFFICERS	S AND DIRE	CTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:		() Delete .LFRED R JR. VIEW DRIVE FL 33510		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	KELLER, AA	VIEW DRIVE		Title: Name: Address: City-St-Zip:	S (X) Change () Addition NEBEKER, JULIE 853 BAYOU VIEW DRIVE BRANDON, FL 33510		
Title: Name: Address: City-St-Zip:	WOEI, JEFF	VIEW DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TROXEL, KE	VIEW DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D ELFERING, 821 BAYOU BRANDON, I	VIEW DRIVE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition STOFFER, JIM 867 BAYOU VIEW DRIVE BRANDON, FL 33510		
Title: Name: Address: City-St-Zip:	D GRECZYN, A 859 BAYOU BRANDON, I	VIEW DRIVE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition ALBANA, GRACE 862 BAYOU VIEW DRIVE BRANDON, FL 33510		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GRACE ALBANA D 04/28/2004