2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# N98000001895

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

Current Principal Place of Business:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

New Principal Place of Business:

504 S KINGS AVE
BRANDON, FL 33511 US

Current Mailing Address:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

New Mailing Address:

504 S KINGS AVE
BRANDON, FL 33511 US

FEI Number: 59-3505951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, PETE
3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

KINGS REALTY & PROPERTY MANAGEMENT
504 S KINGS AVE
BRANDON, FL 33511 US

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: MICHAEL JORDAN 02/14/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESTRADA, ALFRED R JR.
Address: 863 BAYOU VIEW DRIVE
City-St-Zip: BRANDON, FL 33510

Title: S (X) Delete
Name: NEBEKER, JULIE
Address: 853 BAYOU VIEW DRIVE
City-St-Zip: BRANDON, FL 33510

Title: T (X) Delete
Name: WOEI, JEFFREY G
Address: 851 BAYOU VIEW DRIVE
City-St-Zip: BRANDON, FL 33510

Title: D (X) Delete
Name: TROXEL, KEITH W
Address: 861 BAYOU VIEW DRIVE
City-St-Zip: BRANDON, FL 33510

Title: D (X) Delete
Name: STOFFER, JIM
Address: 867 BAYOU VIEW DRIVE
City-St-Zip: BRANDON, FL 33510

Title: D (X) Delete
Name: ALBANA, GRACE
Address: 862 BAYOU VIEW DRIVE
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: TROXEL, KEITH
Address: 861 BAYOU VIEW DRIVE
City-St-Zip: BRANDON, FL 33511

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:

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

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: MICHAEL JORDAN PRES 02/14/2005
Electronic Signature of Signing Officer or Director Date