2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90292 023 ****61.25

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1. Entity Name
HARBOR LAKES OWNER'S ASSOCIATION, INC.

60025878

Principal Place of Business	Mailing Address
3737 EL JOBEAN ROAD PORT CHARLOTTE, FL 33953	3737 EL JOBEAN ROAD PORT CHARLOTTE, FL 33953

04062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0874047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KORP, WILLIAM R
333 SOUTH TAMIAMI TRAIL
SUITE 199
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLLIS, ROBERT 3737 EL JOBEAN RD PORT CHARLOTTE, FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HORST WOLFF 3737 EL JOBEAN RD PORT CHARLOTTE, FL 33953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYCE, SHARON 3737 EL JOBEAN RD PORT CHARLOTTE, FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHANNE CHAMPAGNE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHAMPAGNE, JOHANNE 3737 EL JOBEAN RD PORT CHARLOTTE, FL 339535611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT HOLLS 3737 EL JOBEAN RD. PORT CHARLOTTE, FL 33953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CORBIN, REX 3737 EL JOBEAN PORT CHARLOTTE, FL 339535611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DONNA S. WALLACE 3737 EL JOBEAN RD PORT CHARLOTTE, FL 33953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETERS, WILLIAM 3737 EL JOBEAN RD PORT CHARLOTTE, FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARON BRYCE 3737 EL JOBEAN RD PORT CHARLOTTE, FL. 33953	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, TOM 3737 EL JOBEAN RD PORT CHARLOTTE, FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAM PETERS 3737 EL JOBEAN RD PORT CHARLOTTE, FL. 33953	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA S WALLACE, TREASURER Donna S. Wallace 4-6-06 941-766-0984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~SIGNATURE: _____~~
~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ ~~Date~~ ~~Daytime Phone #~~