2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State
03-25-2008 90011 040 ****65.00

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1. Entity Name

HARBOR LAKES OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3737 EL JOBEAN ROAD PORT CHARLOTTE FL 33953	3737 EL JOBEAN ROAD LOT 472 PORT CHARLOTTE FL 33953

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. LOT 472
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	7. Name and Address of New Registered Agent
KORP, WILLIAM R 333 SOUTH TAMIAMI TRAIL SUITE 199 VENICE FL 34285	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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 WOLFF, HORST 3737 EL JOBEAN RD PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOLFF, HORST 3737 EL JOBEAN PORT CHARLOTTE, FL 33953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RICHTER, RICK 3737 EL JOBEAN RD PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLIS, ROBERT 3737 EL JOBEAN RD PORT CHARLOTTE FL 33953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JERRY WHILES 3737 EL JOBEAN PORT CHARLOTTE, FL 33953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALLACE, DONNA S 3737 EL JOBEAN RD PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERRY BARONETTE 3737 EL JOBEAN PORT CHARLOTTE, FL 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRYCE, SHARON 3737 EL JOBEAN RD PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYCE, SHARON 3737 EL JOBEAN PORT CHARLOTTE, F 33953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEFEBRE, ROGER 3737 EL JOBEAN RD PORT CHARLOTTE FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 3-3-2008 941-766-0984
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR