


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90004 041 \*\*\*\*61.25

**DOCUMENT # N98000006864**

1. Entity Name  
**HARLAN SQUARE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**2271 HARLAN AVENUE  
 FORT WALTON BEACH, FL 32547**

Mailing Address  
**2271 HARLAN AVENUE  
 FORT WALTON BEACH, FL 32547**

**50058259**



2. Principal Place of Business  
**991 Kirkley Ct**  
 Suite, Apt. #, etc.

3. Mailing Address  
**991 Kirkley Ct**  
 Suite, Apt. #, etc.

01192005 Chg-NP CR2E037 (10/03)

City & State  
**Fort Walton Beach, FL**

City & State  
**Fort Walton Beach, FL**

Zip  
**32547**

Country  
**OKalabasa**

4. FEI Number  
**59-3636438**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**MARSHALL, RENEE  
 2271 HARLAN AVENUE  
 FORT WALTON BEACH, FL 32547**

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

7. Name and Address of New Registered Agent

Name  
**Tamra Gasbarro**

Street Address (P.O. Box Number is Not Acceptable)  
**991 Kirkley Court**

City  
**Fort Walton Beach**

State  
**FL**

Zip Code  
**32547**

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 *Tamra Gasbarro* **7-26-05**  
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, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASBARRO, TAMRA 991 KIRKLEY CT FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT MARSHALL, RENEE 2271 HARLAN AVENUE FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORCZYNSKI, PATT 2288 HARLAN AVENUE FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Tamra Gasbarro* **6-20-05** **850-314-7421**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

**Tamra Gasbarro**