


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

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

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
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