


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006864

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



Principal Place of Business
**991 KIRKLEY CT
 FORT WALTON BEACH, FL 32547**

Mailing Address
**991 KIRKLEY CT
 FORT WALTON BEACH, FL 32547**

DO NOT WRITE IN THIS SPACE



07072006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3636438 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GASBARRO, TAMRA
 991 KIRKLEY COURT
 FORT WALTON BEACH, FL 32547**

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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:  9-1-06
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 September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASBARRO, TAMRA 991 KIRKLEY CT FORT WALTON BEACH, FL 32547
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 09/11/06-80003-016.61.25

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____