2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Sep 11, 2006 08:00 AN Secretary of State DOCUMENT # N98000006864 HARLAN SQUARE HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 991 KIRKLEY CT 991 KIRKLEY CT FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 07072006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3636438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GASBARRO, TAMRA DO NOT WRITE 991 KIRKLEY COURT FORT WALTON BEACH, FL 32547 IN THIS SPACE 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. - Filling Fee is \$61.25 ສໍເປັ້ນໃນແບກ ປະທາກົວໃນຢູ່ກະກາກລັກເປັກເຢ ອົວ.ບປ May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GASBARRO, TAMRA STREET ADDRESS 991 KIRKLEY CT CITY-ST-ZIP FORT WALTON BEACH, FL 32547 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. Thereby 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: ≤

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone