

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90190 004 ****61.25

DOCUMENT # N99000003273

1. Entity Name
HAO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**HAO
7102 GRAND HORIZONS BLVD
ORLANDO, FL 32821**

Mailing Address
**RESORT OPERATIONS
6649 WESTWOOD BLVD., SUITE 500
ORLANDO, FL 32821**

60036023



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3586419

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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.

SIGNATURE _____

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, 2008**

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
**P
KRANICH, RUSS
6649 WESTWOOD BOULEVARD
ORLANDO, FL 32821**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**[Signature]
[Signature]
[Signature]
ORLANDO, FL 32821**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
LAM, CHRISTINE
6649 WESTWOOD BOULEVARD
ORLANDO, FL 32821**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEAHEY, SARA (SALLY)
78 MELLE STREET APT. #4
PORTLAND, ME 04101**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAWSON, THOMAS
98 OLD MEADOW ROAD
ROCHESTER, NY 14626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Biondo, Arnold
1343 New London Ct.
Carol Stream, IL 60188**

**DO NOT WRITE
IN THIS SPACE**

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 #

[Signature] 4/16/08 407-206-6428