2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003273

Entity Name: HAO CONDOMINIUM ASSOCIATION, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7102 GRAND HORIZONS BLVD ORLANDO, FL 32821 **Current Mailing Address: New Mailing Address:** RESORT OPERATIONS 6649 WESTWOOD BLVD., SUITE 500 ORLANDO, FL 32821 FEI Number: 59-3586419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition KRANICH, RUSS Name: Name: 6649 WESTWOOD BOULEVARD Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: Title: () Delete Title: (X) Change () Addition COMFORT, JEFFREY C Name: WEISZ, SCOTT Name: Address: 6649 WESTWOOD BOULEVARD Address: 6649 WESTWOOD BLVD City-St-Zip: ORLANDO, FL 32821 City-St-Zip: ORLANDO, FL 32821 Title: (X) Delete Title: () Change () Addition LAM, CHRISTINE Name: Name: 6649 WESTWOOD BOULEVARD Address: Address: City-St-Zip: ORLANDO, FL 32821 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEAHEY, SARA (SALLY) Name: Address: 78 MELLEN STREET APT. #4 Address: City-St-Zip: PORTLAND, ME 04101 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition LAWSON, THOMAS LAWSON, THOMAS Name: Name: 98 OLD MEADOW ROAD 98 OLD MEADOW ROAD Address: Address: City-St-Zip: ROCHESTER, NY 14626 City-St-Zip: ROCHESTER, NY 14626 Title: () Delete Title: () Change () Addition BIONDO, ARNOLD Name: Name: Address: 1343 NEW LONDON CT Address: CAROL STREAM, IL 60188 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANA J CULLUM SPS 04/14/2009