

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004941

FILED
Apr 21, 2009
Secretary of State

Entity Name: HARBOR PLANTATION CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

724 HWY 98 EAST
STE 302
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

724 HWY 98 EAST
STE 302
DESTIN, FL 32541

New Mailing Address:

10859 EMERALD COAST PARKWAY
4-310
MIRAMAR BEACH, FL 32550

FEI Number: 59-3416458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPKINS, PEGGY
10859 EMERALD COAST PKWY 4-310
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: SIMMONS, JAMES
Address: 724 HARBOR BLVD STE 302
City-St-Zip: DESTIN, FL 32541

Title: VD () Delete
Name: SIMMONS, ANITA
Address: 724 HARBOR BLVD STE 302
City-St-Zip: DESTIN, FL 32541

Title: TD () Delete
Name: YOKUBINAS, PAUL
Address: 724 HARBOR BLVD STE 301
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: YOKUBINAS, DONNA
Address: 724 HARBOR BLVD STE 301
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAMES SIMMONS

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date