2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005296

FILED Apr 10, 2012 Secretary of State

Entity Name: HARBOUR LAKE ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O TMS 18501 PINES BLVD C/O TMS 18501 PINES BLVD

204 208

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029

FEI Number: 65-0948634 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:

BAKALAR AND EICHNER PA 150 S PINE ISLAND RD 540 PLANTATION, FL 33324 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:

Title: D

Name: SYEDA, FATIMA

Address: C/O TMS 18501 PINES BLVD #208 City-St-Zip: PEMBROKE PINES, FL 33029

Title: F

Name: SHAH, MOSHIN

Address: C/O TMS 18501 PINES BLVD #208 City-St-Zip: PEMBROKE PINES, FL 33029

Title:

Name: FLORES, MIGUEL

Address: C/O TMS 18501 PINES BLVD #208 City-St-Zip: PEMBROKE PINES, FL 33029

Title:

Name: CAMPBELL, DORIS

Address: C/O TMS 18501 PINES BLVD #208 City-St-Zip: PEMBROKE PINES, FL 33029

Title:

Name: BETANCOURT, RUDY

Address: C/O TMS 18501 PINES BLVD #208 City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: MS P 04/10/2012