## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007114

FILED Apr 02, 2009 Secretary of State

Entity Name: HARDEN BOULEVARD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RDEN BLVD. ID, FL 33803				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	RDEN BLVD. ID, FL 33803				
FEI Numbei	r: 59-3623359	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2150 HAR	, LAWRENCE B RDEN BLVD. ID, FL 33803	US			
	e named entity s te of Florida.	ubmits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	IRE:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
OFFICER  litle:  Name:  Address:  City-St-Zip:	D () MUSSER, LAWF 2150 HARDEN B	Delete RENCE B BLVD.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	D () MUSSER, LAWR 2150 HARDEN E LAKELAND, FL	Delete RENCE B BLVD. 33803 Delete RLEY M BLVD.	Title: Name: Address:		
Γitle: Name: Address:	D () MUSSER, LAWF 2150 HARDEN E LAKELAND, FL D () RICHARDS, HAF 2150 HARDEN E LAKELAND, FL	Delete RENCE B BLVD. 33803  Delete RLEY M BLVD. 33803  Delete NT BLVD.	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address:	D () MUSSER, LAWF 2150 HARDEN E LAKELAND, FL  D () RICHARDS, HAF 2150 HARDEN E LAKELAND, FL  D () CROSBY, BRIAN 2150 HARDEN E LAKELAND, FL	Delete RENCE B SLVD. 33803  Delete RLEY M SLVD. 33803  Delete N T SLVD. 33803  Delete DELVD. 33803  Delete DELVD. SLVD. SLVD. SLVD. SLVD. SLVD. SLVD. SLVD. SLVD. SLVD.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

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: LAWRENCE B MUSSER D 04/02/2009