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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 8 AM 9: 36

DOCUMENT # 751690 (9)
1. Corporation Name
HARBOR CREST 400 PROPERTY OWNERS, INC.

Principal Place of Business Mailing Address
13940 ANONA HEIGHTS DRIVE APT. #1 LARGO FL 34644-3031
13940 ANONA HEIGHTS DRIVE APT. #1 LARGO FL 34644-3031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/25/1980	3a. Date of Last Report 01/21/1994
4. FBI Number 59-1288813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
EMALA, FLORENCE
13940 ANONG HEIGHTS DR #107
APT. #21
LARGO FL 34644

10. Name and Address of New Registered Agent 81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE FLORENCE T. EMALA TREASURER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE P	NAME LANGMAACK, JAMES STREET ADDRESS 13940 ANONA HEIGHTS DR. #99 CITY - ST - ZIP LARGO FL
TITLE VP	NAME SMITH, LYLE STREET ADDRESS 13940 ANONA HEIGHTS DR. #44 CITY - ST - ZIP LARGO FL
TITLE S	NAME CHIANO, NAN STREET ADDRESS 13940 ANONA HGHTS DR #2 CITY - ST - ZIP LARGO FL
TITLE DT	NAME EMALA, FLORENCE STREET ADDRESS 13940 ANONA HGD DR #107 CITY - ST - ZIP LARGO FL
TITLE DA	NAME SHEPHERD, GLADYS STREET ADDRESS 13940 ANONA #75 DR #86 CITY - ST - ZIP LARGO FL
TITLE D	NAME HIDDE, BETTY STREET ADDRESS 13940 ANONA HTS DR #108 CITY - ST - ZIP LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	1.2 NAME VINCENT KEYES 1.3 STREET ADDRESS 13940 ANONA HTS, DR. #117 1.4 CITY - ST - ZIP LARGO FL 34644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE V.P.	2.2 NAME RAY EVANS 2.3 STREET ADDRESS 13940 ANONA HTS DR #3 2.4 CITY - ST - ZIP LARGO FL 34644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE S.	3.2 NAME RUTH TRIPP 3.3 STREET ADDRESS 13940 ANONA HTS DR #2 3.4 CITY - ST - ZIP LARGO FL 34644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE D.A.	5.2 NAME CHARLOTTE STEULLET 5.3 STREET ADDRESS 13940 ANONA HTS DR #110 5.4 CITY - ST - ZIP LARGO FL 34644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vincent B Keyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VINCENT B KEYES

813 595 0099
25 JAN 1995