

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 751690 (9)**

1. Corporation Name  
**HARBOR CREST 400 PROPERTY OWNERS, INC.**



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

Mailing Address  
**13940 ANONA HEIGHTS DRIVE  
APT. #1  
LARGO FL 34644-3031**

3. Date Incorporated or Qualified **03/25/1980**      3a. Date of Last Report **02/08/1995**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip      Country  
24      25      29      30

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip      Country

4. FEI Number **59-1288813**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b>  | 1.1 TITLE   | <b>D</b>  |
| NAME                       | <b>KEYES, VINCENT</b> <input type="checkbox"/> DELETE | 1.2 NAME  | <b>BUESCHER, JOYCE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS             | <b>1394 ANONA HTS DR #117</b>                         | 1.3 STREET ADDRESS                                    | <b>13940 ANONA HTS DR #118</b>  |
| CITY-ST-ZIP                | <b>LARGO FL</b>                                       | 1.4 CITY-ST-ZIP                                       | <b>LARGO FL 34644</b>   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE             | 2.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| NAME                       | <b>EVANS, RAY</b>                                     | 2.2 NAME  | <b>HASS, WERNER</b>   |
| STREET ADDRESS             | <b>13940 ANONA HTS DR #3</b>                          | 2.3 STREET ADDRESS                                    | <b>13940 ANONA HTS DR #109</b>  |
| CITY-ST-ZIP                | <b>LARGO FL</b>                                       | 2.4 CITY-ST-ZIP                                       | <b>LARGO FL 34644</b>   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE              | 3.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| NAME                       | <b>TRIPP, RUTH</b>                                    | 3.2 NAME  | <b>ZIGORELLI, PAT</b>   |
| STREET ADDRESS             | <b>13940 ANONA HTS DR #2</b>                          | 3.3 STREET ADDRESS                                    | <b>13940 ANONA HTS DR #13</b>   |
| CITY-ST-ZIP                | <b>LARGO FL</b>                                       | 3.4 CITY-ST-ZIP                                       | <b>LARGO FL 34644</b>   |
| TITLE                      | <b>DT</b> <input type="checkbox"/> DELETE             | 4.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| NAME                       | <b>EMALA, FLORENCE</b>                                | 4.2 NAME  | <b>MURRAY, STAN</b>   |
| STREET ADDRESS             | <b>13940 ANONA HGD DR #107</b>                        | 4.3 STREET ADDRESS                                    | <b>13940 ANONA HTS DR #75</b>   |
| CITY-ST-ZIP                | <b>LARGO FL</b>                                       | 4.4 CITY-ST-ZIP                                       | <b>LARGO FL 34644</b>   |
| TITLE                      | <b>DA</b> <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| NAME                       | <b>STEUJLET, CHARLOTTE</b>                            | 5.2 NAME  |   |
| STREET ADDRESS             | <b>13940 ANONA HTS DR #110</b>                        | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LARGO FL</b>                                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| NAME                       | <del><b>HIDDE, BETTY</b></del>                        | 6.2 NAME  |   |
| STREET ADDRESS             | <del><b>13940 ANONA HTS DR #106</b></del>             | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <del><b>LARGO FL</b></del>                            | 6.4 CITY-ST-ZIP                                       |   |

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 119.07(3)(k), 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* **VINCENT KEYES** **MAR 6 1996**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)