

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number 59-1288813	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 ZIGARELLI, PATRICIA A.
82 Street Address (P.O. Box Number is Not Acceptable) 13940 ANONA HTS. DR. # 100
83 City LARGO
84 City LARGO
85 Zip Code FL 33774

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 *Patricia A. Zigarelli Treas. Patricia A. Zigarelli* 1-12-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME KEYES, VINCENT	
STREET ADDRESS 1394 ANONA HTS DR #117	
CITY-ST-ZIP LARGO FL	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME EVANS, RAY	
STREET ADDRESS 13940 ANONA HTS DR #3	
CITY-ST-ZIP LARGO FL	
TITLE S	<input type="checkbox"/> DELETE
NAME TRIPP, RUTH	
STREET ADDRESS 13940 ANONA HTS DR #2	
CITY-ST-ZIP LARGO FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME EMALA, FLORENCE	
STREET ADDRESS 13940 ANONA HGD DR #107	
CITY-ST-ZIP LARGO FL	
TITLE DA	<input type="checkbox"/> DELETE
NAME STEUJLET, CHARLOTTE	
STREET ADDRESS 13940 ANONA HTS DR #110	
CITY-ST-ZIP LARGO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BUESCCHER, JOYCE	
STREET ADDRESS 13940 ANONA HTS DRIVE #118	
CITY-ST-ZIP LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JAMES LANGMAK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME 13940 ANONA HTS. DR. # 99	
1.3 STREET ADDRESS LARGO, FL, 33774	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME ZIGARELLI, PATRICIA A.	
4.3 STREET ADDRESS 13940 ANONA HTS. DR. #1 100	
4.4 CITY-ST-ZIP LARGO FL 33774	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patricia A. Zigarelli* 1-12-98 813-596-6446

CRE037 (10/97)