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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90065 001 \*\*\*\*61.25

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 751690

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/25/1980
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1288813
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ZIGARELLI, PATRICIA A.  
13940 ANONA HTS. DR. #100  
APT. #21  
LARGO FL 33774

10. Name and Address of New Registered Agent

81 Name	NAN CHIANO
82 Street Address (P.O. Box Number is Not Acceptable)	13940 ANONA HTS. DR. #21
83	LARGO, FL.
84 City	FL
85 Zip Code	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 Nan Chiano Treas. DATE 1/13/99

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.O. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGMAAK, JAMES	1.2 NAME	FRANK-HAMLER
STREET ADDRESS	13940 ANONA HTS. DR. #99	1.3 STREET ADDRESS	13940 ANONA HTS. #55
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO, FL. 33774
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIGARELLI, PATRICIA A.	2.2 NAME	CARMEN MERCADANTE
STREET ADDRESS	13940 ANONA HTS DR #100	2.3 STREET ADDRESS	13940 ANONA HTS DR #87
CITY-ST-ZIP	LARGO FL 33774	2.4 CITY-ST-ZIP	LARGO, FL. 33774
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T. D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPP, RUTH	3.2 NAME	NAN CHIANO
STREET ADDRESS	13940 ANONA HTS DR #2	3.3 STREET ADDRESS	13940 ANONA HTS DR #21
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	LARGO, FL. 33774
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	A.T. D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMALA, FLORENCE	4.2 NAME	PAULINE PETRISKO
STREET ADDRESS	13940 ANONA HGD DR #107	4.3 STREET ADDRESS	13940 ANONA HTS. DR #69
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	LARGO, FL. 33774
TITLE	DA <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEUJLET, CHARLOTTE	5.2 NAME	KATHLEEN KIELMAN
STREET ADDRESS	13940 ANONA HTS DR #110	5.3 STREET ADDRESS	13940 ANONA HTS. DR. #5
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	LARGO, FL. 33774
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCCHER, JOYCE	6.2 NAME	GERALD LAKE
STREET ADDRESS	13940 ANONA HTS DRIVE #118	6.3 STREET ADDRESS	13940 ANONA HTS. DR #22
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	LARGO, FL. 33774

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, with all other like empowered.

SIGNATURE: Nan Chiano Treas. DATE 1/13/99 DAYTIME PHONE # 727-593-0076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (11/98)