2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2001 8:00 am Secretary of State DOCUMENT # 751690 1. Entity Name HARBOR CREST 400 PROPERTY OWNERS, INC. 01-27-2001 90068 018 ****61.25 Principal Place of Business Mailing Address 13940 ANONA HEIGHTS DRIVE 13940 ANONA HEIGHTS DRIVE POUDUU APT. #1 APT. #1 LARGO FL 34644-3031 LARGO FL 34644-3031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1288813 Not Applicable: Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OH/ANO Street Address (P.O. Box Number is Not Acceptable) CHIANO, NAN 13940 ANONA 13940 ANONA HTS. DR., APT. #21 LARGO FL 33774 Zip Code <u> 9311</u> 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ROBERT MONTGOMERY Change NAME PRES. 13940 ANONA HETS DR. #88 Delete NAME EVANS, RAY 13940 ANONA HGTS #55 STREET ADDRESS LARGO, FL. 93174 CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** TITLE **VPD** JOYCE NEWBERRY TITLE V. PRES Delete ☐ Change ☐ Addition NAME MERCANDANTE, CARMEN 13940-ANONA_H&TS. DR.,#16 NAME STREET ADDRESS 13940 ANONA HGHTS DR #87 STREET ADDRESS LARGO, FL. 33774 CITY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP TITLE TD ☐ Delete TITLE TREAS Change ☐ Addition NAME CHIANO, NAN NAME STREET ADDRESS 13940 ANONA HGTS #21 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 JOHN FROMMENL DR. # 22 ATD Delete TITLE ASS 1. Change ☐ Addition NAMETRE AS NAME PETRISKO, PAULINE STREET ADDRESS 13940 ANONA HGTS DR #69 STREET ADDRESS HARGO, FL. 33774 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 TITLE ☐ Delete TITLE SECT Change ☐ Addition NAME KIELMAN, KATHLEEN NAME STREET ADDRESS 13940 ANONA HGTS DR #5 STREET ADDRESS CITY-ST-ZIP LARGO FL 33774 CITY-ST-ZIP TITLE TITLE DIR. LANGMAACK Change Delete ☐ Addition TRIPP. RUTH 13940 ANONA HETS DR. # NAME NAME STREET ADDRESS 13940 ANONA HGTS DR #22 STREET ADDRESS CITY-ST-ZIP LARGO FL 33774 CITY-ST-ZIP LARGO, FL.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)