2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90082 045 ****61.25

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DOCUMENT # 751690

1. Entity 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

04072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIPP, RUTH 13940 ANONA HTS. DR. #2 LARGO, FL 33774	Name NAN CHIANO Street Address (P.O. Box Number is Not Acceptable) 13940 ANONA HTS DR #21 City LARGO FL Zip Code 33774

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nan Chiano 04/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CURLY, GEORGE 13940 ANONA HTS . DR. #115 LARGO, FL 33774	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. CARMEN MERCHADANTE #87 V/P. EUGENE NEWBERRY #17	☒ Change ☐ Addition x CHANGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TRIPP, RUTH 13940 ANONA HTS DR# 2 LARGO, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. MELANIE EMALA #107 T. NAN CHIANO #21	☒ Change ☐ Addition x CHANGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TB SCOTT, ADELE 13932 MARTINQUE DR SEMINOLE, FL 34646	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/TREA. ROSE-WILSON #113 D. ISABEL PELULLO #91	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETRISKO, PAULINE 13940 ANONA HOTS DR. #69 LARGO, FL 33774	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULINE PETRISKO #69 D LILY HAHN #51	☐ Change ☐ Addition x CHANGE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELLA, CHARLES 13940 ANONA HTS DR #37 LARGO, FL 33774	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON GEE #123	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEILMANN, KATHERINE 13940 ANONA HTS DR #6 LARGO, FL 33774	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Nan Chiano 04/12/04 593-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #