

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90032 015 ****61.25

DOCUMENT # 751690			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02212005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1288813		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIANO, NAN 13940 ANONA HTS DR #21 LARGO, FL 33774		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>NAN CHIANO</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Nan Chiano</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MERCADANTE, CARMEN 13940 ANONA HTS. DR #87 LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. EUGENE NEWBERRY 13940 ANONA HTS. DR #17 LARGO, FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWBERRY, EUGENE 13940 ANONA HTS. DR #17 LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PAULINE PETRISKO 13940 ANONA HTS. DR. #69 LARGO, FL. 33774 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMALA, MELANIE 13940 ANONA HTS. DR #107 LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. SHARON BINSTREAD 13940 ANONA HTS. DR. #13 LARGO, FL. 33774 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRISKO, PAULINE 13940 ANONA HTS DR. #69 LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. TREAS. CHARLOTTE STUJALLET 13940 ANONA HTS DR. #10 LARGO, FL. 33774 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHIANO, NAN 13940 ANONA HTS. DR #21 LARGO, FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-MELANIE EMALA 13940 ANONA HTS DR. #107 LARGO, FL. 33774 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEE, GORDON 13940 ANONA HTS. DR #123 LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RUBY SURLES 13940 ANONA HTS DR. # 82 LARGO, FL. 33774 <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>NAN CHIANO TREASURER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/24/05</u> <u>727-593-0074</u> <small>Date Daytime Phone #</small>	

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ATTACHMENT

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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">40032892</div> <div style="background-color: black; width: 100px; height: 20px; margin: 5px auto;"></div>	
City & State		City & State		4. FEI Number 59-1288813	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIANO, NAN 13940 ANONA HTS DR #21 LARGO, FL 33774				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 MERCADANTE, CARMEN 13940 ANONA HTS. DR #87 LARGO, FL 33774	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD KREMPER 13940 ANONA HTS DR. LARGO, FL 33774 APT #21	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWBERRY, EUGENE 13940 ANONA HTS. DR #17 LARGO, FL 33774	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DISABELL PEWULKO 13940 ANONA HTS DR. LARGO, FL 33774 APT #91	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMALA, MELANIE 13940 ANONA HTS. DR #107 LARGO, FL 33774	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____	
				Daytime Phone # _____	