


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90011 016 ****61.25

DOCUMENT # 751690

1. Entity Name
HARBOR CREST 400 PROPERTY OWNERS, INC.



Principal Place of Business Mailing Address

**13940 ANONA HEIGHTS DRIVE
APT. #13
LARGO FL 34644-3031**

**13940 ANONA HEIGHTS DRIVE
APT. #13
LARGO FL 34644-3031**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For

59-1288813 Not Applicable

5. Certificate of Status Desired **\$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 **Charlotte Stuellet**

Street Address (P.O. Box Number is Not Acceptable)
13940 ANONA Hts. DR.
#110

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NEWBERRY, EUGENE 13940 ANONA HGTS. DR #17 LARGO FL 33774 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DATZ, JOAN 13940 ANONA HETS DR APT #49 LARGO FL 33774 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TICE, VIVIAN 13940 ANONA HETS DR APT #120 LARGO FL 33-774 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS KREMLER, RICHARD 13940 ANONA HETS DR APT #32 LARGO FL 33774 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EMALA, MELANIE 13940 ANONA HGTS DR #107 LARGO FL 33774 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, ROSE 13940 ANONA HETS DR. APT #113 LARGO FL 33774 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Charlotte Stuellet 13940 ANONA Hts. DR #110 LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Joe Tessa 10590 Shipwatch Dr Largo FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Ruth Tripp 13940 ANONA HETS DR #2 LARGO, FL 33774 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T. Sharon Binstead 13940 ANONA Hts. DR #13 LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | A.T. Sue HARRY 13940 ANONA HETS DR #53 LARGO, FL 33774 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Harold Brockel 13940 ANONA Hts. DR. #59 LARGO, FL 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Charlotte Stuellet 2-12-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR