

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751690

FILED
Jan 07, 2009
Secretary of State

Entity Name: HARBOR CREST 400 PROPERTY OWNERS, INC.

Current Principal Place of Business:

13940 ANONA HEIGHTS DRIVE
APT. #1
LARGO, FL 346443031

New Principal Place of Business:

13940 ANONA HEIGHTS DRIVE
APT. #1
LARGO, FL 337743000

Current Mailing Address:

13940 ANONA HEIGHTS DRIVE
APT. #1
LARGO, FL 346443031

New Mailing Address:

13940 ANONA HEIGHTS DRIVE
APT. #1
LARGO, FL 337743000

FEI Number: 59-1288813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVILLETT, CHARLOTTE
13940 ANONA HTS DR
#21
LARGO, FL 33774 US

Name and Address of New Registered Agent:

BINSTEAD, SHARON L TREASUR
13940 ANONA HTS DR
13
LARGO, FL 33774 US

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: SHARON L BINSTEAD

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVILLLET, CHARLOTTE
Address: 13940 ANONE HTS DR 110
City-St-Zip: LARGO, FL 33774

Title: VP () Delete
Name: TESSA, JOE
Address: 10598 SHIPWATCH DR
City-St-Zip: LARGO, FL 33774

Title: S () Delete
Name: TRIPP, RUTH
Address: 13940 ANONA HTS DR 2
City-St-Zip: LARGO, FL 33-771

Title: T () Delete
Name: BINSTRAD, SHARON
Address: 13940 ANONA HTS DR 13
City-St-Zip: LARGO, FL 33774

Title: AT () Delete
Name: HARRY, SUE
Address: 13940 ANONA HTS DR 53
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: BROCKEL, HAROLD
Address: 13940 ANONA HTS DR 59
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEULLET, CHARLOTTE
Address: 13940 ANONE HTS DR 110
City-St-Zip: LARGO, FL 33774

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: TRIPP, RUTH
Address: 13940 ANONA HTS DR 2
City-St-Zip: LARGO, FL 33774

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON L. BINSTEAD

TRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date