

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-13-2003 90217 019 ****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

4. FEI Number **59-1288813**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOULLET, CHARLOTTE
13940 ANONA HTS. DR.
APT 110
LARGO FL 33774**

Name **RUTH TRIPP**

Street Address (P.O. Box Number is Not Acceptable)

13940 ANONA HTS DR

2

City **LARGO FL 33774**

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

Ruth J. Tripp, Secretary

2/24/03

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **VP
CURLY, GEORGE T** Delete
STREET ADDRESS
CITY-ST-ZIP **13940 ANONA HTS. DR. #115
LARGO FL 33774**

TITLE
NAME **George CURLY T.** Change Addition
STREET ADDRESS
CITY-ST-ZIP **President
Address SAME**

TITLE
NAME **S
TRIPP, RUTH T** Delete
STREET ADDRESS
CITY-ST-ZIP **13940 ANONA HTS DR # 2
LARGO FL**

TITLE
NAME **THELMA MARTIN, V.P. T** Change Addition
STREET ADDRESS
CITY-ST-ZIP **13940 ANONA HTS DR #92
LARGO, FL 33774**

TITLE
NAME **TB
SCOTT, ADELE** Delete
STREET ADDRESS
CITY-ST-ZIP **13932 MARTINIQUE DR
SEMINOLE FL 34648**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME **T
STOULLET, CHARLOTTE** Delete
STREET ADDRESS
CITY-ST-ZIP **13940 ANONA HTS DR #110
LARGO FL 33774**

TITLE
NAME **PAULINE PATRISKO D** Change Addition
STREET ADDRESS
CITY-ST-ZIP **13940 ANONA HTS DR #69
LARGO, FL 33774**

TITLE
NAME **D
VELLA, CHARLES D** Delete
STREET ADDRESS
CITY-ST-ZIP **13940 ANONA HTS DR #37
LARGO FL 33774**

TITLE
NAME **DIRECTOR
CHARLES VELLA D** Change Addition
STREET ADDRESS
CITY-ST-ZIP **SAME**

TITLE
NAME **D
LAVOIE, DIANE** Delete
STREET ADDRESS
CITY-ST-ZIP **13940 ANONA HTS DR #6
LARGO FL 33774**

TITLE
NAME **KATHERINE KIELMANN** Change Addition
STREET ADDRESS
CITY-ST-ZIP **13940 ANONA HTS DR #5
LARGO, FL 33774**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adele Scott

596-1820
Date Daytime Phone #

CR2E037 (10/02)