FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS .

1996

DOCUMENT #
1. Corporation Name N01512

> HARVARD ARMS HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

HALSOUL MANAGEMEN				
SS MAIN STREET	· ·		3. Date Incorporated or Qualified	3a. Date of Last Report
SAFETY HARBOR	FL 34695			
2. Principa Piace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		<u>59-2400313</u>	
Suite Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Z(p 29 30	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
24 25 9. Name and Address of Currel			10. Name and Address of New Re	
	trogisteres rigeri	B1 Name	TEVEN. H. MEZE	OPA
SEABORD ARBORS		82 Street Add	dress (P.O. Box Number is Not Acceptate	7(0)
)- 4\	62 Street Add	COURT STEET	"Suite B
Mc MULLEN BOOTH R	20 H J	83		
CLEALWATER F	5 34619	84 City		85 Zip Code
	1 1	1	earwater	FL 1 34616
11. Pursuant to the provisions of Sections 617.050	02 and 617.1508, Florida Statutes, the	he above-named co	rporation submits this statement for the patients beared of directors. I bereby acce	ourpose of changing its registered
 Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	e of Florida. Such change was authorities of, Section 617, 503, Florida	Statutes.	and it's board or offectors. Thereby asset	to Of
SIGNATURE	IL Res	STEVEN	H. Mezen, Thes.	<i>3-12-96</i>
Signature, typed or printed name of registered ag		istered Agent signature req	uired when reinstating)	DATE
12. OFFICERS AN	ID DELETÉ	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE	()		MICHELLE VALIA PAL	
	HEBANKS	1.3 STREET ADDRESS	THE END S	an .
STREET ADDRESS 1237 ABBEY C	REECENT LANE	1.4 CITY - ST - ZIP	740 FOULDS SOU CHEARWATER FL	34616
CITY ST-ZIP C. FALMOTED	PL 34619	2.1 TITLE		Change Addition
NAME D LES SCHOSTIO		2 2 NAME		
	CRESCOUT LANE	2 3 STREET ADDRESS		
	5 34619	2 4 CITY - ST - ZIP		
TITLE D CLEARNATER	DELETE	31 TITLE		Change Addition
NAME LILIAN FEREN		3 2 NAME		
MEIND I TELEVI	rescent lane	3 3 STREET ADDRESS		
	CL 34 619	3 4. CITY-ST-ZIP		
TIPLE	DELETE	4.1 TITLE		Change Addition
NAME MIKE MAUNKA	_	4 2 NAME		
STREET ADDRESS 1225 ABBEY CR	escent Lane	4.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER FL	34619	44 CITY-ST-ZIP	<u>1000017</u> -03/15/9601	<u>45431 - 1446</u>
TITLE	☐ DELETE	51 TITLE		103052 Change Addition
NAME HOWRY DESMARAIS	<u>,</u> 1	52 NAME	***61 . 25	
STREET ADDRESS 1366 AB6#1 CRESC		5 3 STREET ADDRESS		
CITY-ST-ZIP CAMBUATED EN	- 34619	5 4 CITY - ST - ZIP		

64 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. tin Quesident 3-8

6 1 TITLE

62 NAME

6.3 STREET ADDRESS

GEORGE DUFFEY

STREET ADDRESS 1218 ABBEY CRESCENT LANE

TITLE

NAME

☐ Change ☐ Addition