

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 28 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01512 (5)
 1. Corporation Name
 HARVARD ARMS HOMEOWNERS ASSOCIATION INC.



Principal Place of Business Mailing Address

HARBOUR MANAGEMENT 55 MAIN STREET SAFETY HARBOR FL 34695 US

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1983 3a. Date of Last Report 03/14/1996

4. FEI Number 59-2400313 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

MEZER, STEVEN H P.A.
 1212 COURT STREET
 SUITE B
 CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FAIRBANKS, ROSE MARIE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1237 ABBEY CRESCENT LANE	1.2 NAME	
STREET ADDRESS	CLEARWATER FL 34619	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SCHOETTUN, LEE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1313 ABBEY CRESCENT LANE	2.2 NAME	
STREET ADDRESS	CLEARWATER FL 34619	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D FERENCZ, LILIAN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1319 ABBEY CRESCENT LANE	3.2 NAME	
STREET ADDRESS	CLEARWATER FL 34619	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MALINKA, MIKE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1225 ABBEY CRESCENT LANE	4.2 NAME	
STREET ADDRESS	CLEARWATER FL 34619	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DESMARAI, HENRY <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1366 ABBEY CRESCENT LANE	5.2 NAME	D PARKER, MICHELLE
STREET ADDRESS	CLEARWATER FL 34619	5.3 STREET ADDRESS	1740 Foulds South
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER, FL. 33759
TITLE	D DUFFEY, GEORGE <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1218 ABBEY CRESCENT LANE	6.2 NAME	
STREET ADDRESS	CLEARWATER FL 34619	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE REQUIRED *[Signature]* 7-23-97

CR2E037 (4/97)