

FILE NOW: FILING FEE IS \$61.25

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**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01512 (5)
1. Corporation Name
HARVARD ARMS HOMEOWNERS ASSOCIATION INC.



Principal Place of Business HARBOUR MANAGEMENT 55 MAIN STREET SAFETY HARBOR FL 34695 US	Mailing Address HARBOUR MANAGEMENT 55 MAIN STREET SAFETY HARBOR FL 34695 US
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3. Date Incorporated or Qualified 11/16/1983	
4. FEI Number 59-2400313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAIRBANKS, ROSE MARIE	
STREET ADDRESS	1237 ABBEY CRESCENT LANE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHOETTLIN, LEE	
STREET ADDRESS	1313 ABBEY CRESCENT LANE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERENCZ, LIUAN	
STREET ADDRESS	1319 ABBEY CRESCENT LANE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALINKA, MIKE	
STREET ADDRESS	1225 ABBEY CRESCENT LANE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, MICHELLE	
STREET ADDRESS	1740 FOULDS SOUTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hudelson, Armette	
1.3 STREET ADDRESS	1254 Abbey Crescent Lane	
1.4 CITY-ST-ZIP	Clearwater, FL 33759	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams Jr., Paul A	
2.3 STREET ADDRESS	3087 Abbey Court	
2.4 CITY-ST-ZIP	Clearwater, FL 33759	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Potter, Barbara	
3.3 STREET ADDRESS	1260 Abbey Crescent Lane	
3.4 CITY-ST-ZIP	Clearwater, FL 33759	
4.1 TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tretter, Christina	
4.3 STREET ADDRESS	1278 Abbey Crescent Lane	
4.4 CITY-ST-ZIP	Clearwater, FL 33759	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mills, Glen	
5.3 STREET ADDRESS	1324 Abbey Crescent Lane	
5.4 CITY-ST-ZIP	Clearwater, FL 33759	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Paul A Williams* 12/9/98

CFR2E037 (10/97)