

FILE NOW: FILING FEE IS \$61.25

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May 17, 1999 8:00 am
Secretary of State

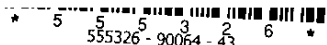
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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01512 ✓
 1. Corporation Name
HARVARD ARMS HOMEOWNERS ASSOCIATION INC ✓



Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2180 W SR 434 Suite, Apt. #, etc.	26	2180 W SR 434 Suite, Apt. #, etc.	11/16/83	
22	STE 5000 City & State	27	STE 5000 City & State	4. FEI Number	Applied For
23	LONGWOOD FL Zip Country	28	LONGWOOD FL Zip Country	59-2400313 ✓	Not Applicable
24	32779 25 US	29	32779 30 US	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				HART, JAMES W JR SENTRY MANAGEMENT INC			
				83	2180 W SR 434 STE 5000		
				84	City	FL	85 Zip Code
				LONGWOOD 32779			

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 _____ DATE 4/29/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUDELSON, ARMETTE		1.2 NAME				
STREET ADDRESS	1254 ABBEY CRESCENT LN		1.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33759		1.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WILLIAM, PAULA A JR		2.2 NAME				
STREET ADDRESS	3087 ABBEY COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33759		2.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	POTTER, BARBARA		3.2 NAME				
STREET ADDRESS	1260 ABBEY CRESCENT LN		3.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33759		3.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TRETTNER, CHRISTINA		4.2 NAME				
STREET ADDRESS	1278 ABBEY CRESCENT LANE		4.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33759		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MILLS, GLEN		5.2 NAME				
STREET ADDRESS	1324 ABBEY CRESCENT LANE		5.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33759		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)