FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25265** **(2)**

1. Corporation Name
HARBOR WOODS OF TARPON SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1961 PALM HARBOR FL 34683	P.O. BOX 1961 PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2966297 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24: 34682 — County 25: Pinellas	Zip 29: 34682 — County 30: Pinellas

9. Name and Address of Current Registered Agent

RYAN, SUE
4896 HARBOR WOODS DR
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Susan Ryan — 4/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Director (D)	☑ Change ☐ Addition
NAME	MARSHALL, SAMUEL M.	12 NAME	Marshall, Samuel	
STREET ADDRESS	4902 HARBOR WOODS DR	13 STREET ADDRESS	4902 Harbor Woods Dr	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	PALM Harbor, FL	
TITLE	VPD	21 TITLE	←	☐ Change ☐ Addition
NAME	MORGAN, GEORGE	22 NAME		
STREET ADDRESS	4818 HARBOR WOODS DR	23 STREET ADDRESS	Same	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE	Treasurer, Director	☑ Change ☐ Addition
NAME	RYAN, SUR	32 NAME	Ryan Sue	
STREET ADDRESS	4896 HARBOR WOODS DR	33 STREET ADDRESS	4896 Harbor Woods Dr.	
CITY-ST-ZIP	PLAM HARBOR FL	34 CITY-ST-ZIP	Palm Harbor, FL	
TITLE	D	41 TITLE	President	☑ Change ☐ Addition
NAME	WISOTSKY, DAVID	42 NAME	Davin Wisotsky	
STREET ADDRESS	4909 HARBOR WOODS DR	43 STREET ADDRESS	4909 Harbor Woods Dr.	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	Palm Harbor FL	
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	WARREN, TELLEFSEN,	52 NAME	Warren Tellefson	
STREET ADDRESS	4961 HARBOR WOODS DR.	53 STREET ADDRESS	No Longer officer	
CITY-ST-ZIP	PALM HARBOR FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☑ Change ☐ Addition
NAME	TELLEFSEN, WARREN	62 NAME	Warren Tellefson	
STREET ADDRESS	4961 HARBOR WOODS DR	63 STREET ADDRESS	No Longer OFFICER	
CITY-ST-ZIP	PALM HARBOR FL	64 CITY-ST-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)(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: Susan Ryan — 4/20/95 — 813-934-7434
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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