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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25265 (2)

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

Principal Place of Business P.O. BOX 1961 PALM HARBOR FL 34682 US	Mailing Address P.O. BOX 1961 PALM HARBOR FL 34682-1961 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/08/1988	3a. Date of Last Report 04/27/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2966297	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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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 *Dusan Ryan*
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 D	<input checked="" type="checkbox"/> DELETE MARSHALL, SAMUEL 4902 HARBOUR WOODS DR PALM HARBOR FL	1.1 TITLE Tom Schwartz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSHALL, SAMUEL		1.2 NAME 4804 Harbor Woods Drive	
STREET ADDRESS 4902 HARBOUR WOODS DR		1.3 STREET ADDRESS Palm Harbor, FL 34683	
CITY-ST-ZIP PALM HARBOR FL		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE MORGAN, GEORGE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAN, GEORGE		2.2 NAME	
STREET ADDRESS 4818 HARBOR WOODS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE RYAN, SUE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RYAN, SUE		3.2 NAME	
STREET ADDRESS 4896 HARBOR WOODS DR		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE WISOTSKY, DAVIN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WISOTSKY, DAVIN		4.2 NAME	
STREET ADDRESS 4909 HARBOR WOODS DR		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE NEWMAN, MARIE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWMAN, MARIE		5.2 NAME	
STREET ADDRESS 4583 HARBOR WOODS DR		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34683		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 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: *Dusan Ryan* **4/1/97 (813) 944-7434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088638

CR2E037 (9/96)