

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90103 027 \*\*\*\*61.25

**DOCUMENT # N25265**

1. Entity Name

**HARBOR WOODS OF TARPON SPRINGS HOMEOWNERS' ASSOC**

Principal Place of Business

Mailing Address

P.O. BOX 1961  
 PALM HARBOR FL 34682  
 US

P.O. BOX 1961  
 PALM HARBOR FL 34682  
 US

**976574**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2966297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, SUSAN**  
**4896 HARBOR WOODS DR**  
**PALM HARBOR FL 34683**

Name **Donald Halpin Jr**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4908 Harbor Woods Drive**  
**Palm Harbor**  
 City **FL** Zip Code **34683**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Donald Halpin Jr*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/30/01**  
 DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **VPD**  
 STREET ADDRESS **SCHWARTS, TOM**  
 CITY-ST-ZIP **4804 HARBOR WOODS DR**  
**PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **RYAN, SUSAN**  
 CITY-ST-ZIP **4896 HARBOR WOODS DR**  
**PLAM HARBOR FL 34683**

TITLE ☒ Change ☒ Addition  
 NAME **DONALD A. HALPIN JR.**  
 STREET ADDRESS **4908 Harbor Woods Drive**  
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **MARSHALL, SAM**  
 CITY-ST-ZIP **4902 HARBOR WOODS DR**  
**PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **ROBERTS, DEBORAH**  
 CITY-ST-ZIP **4955 HARBOR WOODS DRIVE**  
**PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **HURLEY, TINA**  
 CITY-ST-ZIP **4897 HARBOR WOODS DR**  
**PALM HARBOR FL 34683**

TITLE ☒ Change ☐ Addition  
 NAME **George Strickland**  
 STREET ADDRESS **4986 Harbor Woods Dr**  
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donald Halpin Jr*

**Donald Halpin Jr**

**4/30/01**

**727**  
**9445583**

CR2E037 (10/00)