

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25265

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** HARBOR WOODS OF TARPON SPRINGS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4804 HARBOR WOODS DRIVE  
PALM HARBOR, FL 34682 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1961  
PALM HARBOR, FL 34682 US

**New Mailing Address:**

**FEI Number:** 59-2966297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHWARTZ, TOM  
4804 HARBOR WOODS DR  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARSHALL, SAM  
Address: 4902 HARBOR WOODS DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: S  
Name: L'ESPERANCE, BOB  
Address: 4812 HARBOR WOODS DR  
City-St-Zip: PALM HARBOR, FL 34683

Title: T  
Name: SCHWARTZ, TOM  
Address: 4804 HARBOR WOODS DR  
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD  
Name: KISHLER, LEN  
Address: 4865 HARBOR WOODS DR  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: STRICKLAND, MELINDA  
Address: 4986 HARBOR WOODS DR  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAM MARSHALL

PRES

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date