## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25265

Entity Name: HARBOR WOODS OF TARPON SPRINGS HOMEOWNERS'

ASSOCIATION, INC.

## **Current Principal Place of Business:**

4812 HARBOR WOODS DRIVE PALM HARBOR, FL 34683

## **Current Mailing Address:**

P.O. BOX 1961

PALM HARBOR, FL 34682 US

FEI Number: 59-2966297 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

L'ESPERANCE, BOB 4812 HARBOR WOODS DR PALM HARBOR, FL 34683 US

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: BOB L'ESPERANCE 03/02/2017

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title S

Name KISHTER, LEN Name L'ESPERANCE, BOB

Address 4865 HARBOR WOODS DRIVE Address 4812 HARBOR WOODS DR City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683

Title Title **TREASURER** 

Name STAVOLA, PHYLLIS Name GRIECO, CHRISTINE

Address 4992 HARBOR WOODS DR Address 4818 HARBOR WOODS DR City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683

Title D

Name LAFAVE, MICHELLE

4853 HARBOR WOODS DR Address City-State-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: CHRISTINE GRIECO

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT

03/02/2017

**FILED** Mar 02, 2017

**Secretary of State** 

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