

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25265

Entity Name: HARBOR WOODS OF TARPON SPRINGS HOMEOWNERS' ASSOCIATION, INC.**FILED**
Feb 20, 2018
Secretary of State
CC0682420632**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****02/20/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	KISHTER, LEN
Address	4865 HARBOR WOODS DRIVE
City-State-Zip:	PALM HARBOR FL 34683

Title	BOARD MEMBER
Name	STAVOLA, PHYLLIS
Address	4992 HARBOR WOODS DR
City-State-Zip:	PALM HARBOR FL 34683

Title	TREASURER
Name	DILLON, SHAWN
Address	4949 HARBOR WOODS DRIVE
City-State-Zip:	PALM HARBOR FL 34683

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

Title	DIRECTOR OF COMMITTEES
Name	LABIAK, CHRISTOPHER
Address	4943 HARBOR WOODS DRIVE
City-State-Zip:	PALM HARBOR FL 34683

Title	SECRETARY
Name	ROBERTSON, SUPARNA
Address	4920 HARBOR WOODS DRIVE
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: LEN KISHTER**PRESIDENT****02/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date