

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25265

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

**Current Principal Place of Business:**

4804 HARBOR WOODS DRIVE  
PALM HARBOR, FL 34682

**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:**

SCHWARTZ, TOM  
4804 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:**

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

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

Title VPD  
Name GRIECO, CHRISTINE  
Address 4818 HARBOR WOODS DR  
City-State-Zip: PALM HARBOR FL 34683

Title D  
Name STAVOLA, PHYLLIS  
Address 4992 HARBOR WOODS DR  
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**

**03/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date