

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 338365 (0)
1. Corporation Name
HARBOR VIEW VILLAS, INC.



Principal Place of Business Mailing Address
6617 LOUISIANA AVENUE 6617 LOUISIANA AVENUE
NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-1774743	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FIGURSKI, GERALD A., ESQUIRE 8406 MASSACHUSETTS AVENUE, B1 NEW PORT RICHEY FL 34653		10. Name and Address of New Registered Agent	
81	Name	Same	
82	Street Address (P.O. Box Number is Not Acceptable)	NEW ADDRESS: 2435 US Hwy 19 N.	
83	Suite	Suite 350	
84	City	Holiday	FL 85 Zip Code 34691

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, GERALDINE	1.2 NAME	
STREET ADDRESS	6617 LOUISIANA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSARELLA, ANNETTE	2.2 NAME	
STREET ADDRESS	6617 LOUISIANA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSARELLA, CARMEN N.	3.2 NAME	
STREET ADDRESS	6617 LOUISIANA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM P.	4.2 NAME	2000002431042
STREET ADDRESS	6617 LOUISIANA AVE.	4.3 STREET ADDRESS	-02/16/98--01024--003
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	***150.00
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	102/13
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	2000002431042
STREET ADDRESS		6.3 STREET ADDRESS	-02/16/98--01024--008
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***8.75

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)