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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 450610

(1)

CENTRAL HARBOR HOMES CORPORATION

Principal Place of Business	Mailing Address	
6540 SWEETGUM DR. NEW PORT RICHEY FL 34655 US	6540 SWEETGUM DR. NEW PORT RICHEY FL 34655 US	
2. Principal Place of Business	2a. Mailing Address	

## **FILED** Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/18/1974 4. FEI Number Applied For 59-1523112 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PENNA. SEBASTIAN 6540 SWEETGUM DR. 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34655** 83 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME PENNA, SEBASTIAN 12 NAME STEVEN Penna 6540 SWEETGUM DRIVE STREET ADDRESS 1.3 STREET ADDRESS 4505 Onoria ST NEW PORT RICHEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP New PORT RICKEY, FL DELETE TITLE VTS 21 TH F Спапде Addition NAME PENNA, JOSEPHINE 2.2 NAME 6540 SWEETGUM DRIVE STREET ADDRESS 2.3 STREET ADDRESS NEW PORT RICHEY FL City-St-ZiP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change \_\_\_ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY - ST - ZiP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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:

CITY-ST-ZIP

-2248

813-842-7880