

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 701976 (3)
1. Corporation Name
HARBOR HILLS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 1121
LARGO FL 34649-1121**

Mailing Address
**P.O. BOX 1121
LARGO FL 34649-1121**

3. Date Incorporated or Qualified
01/31/1961

3a. Date of Last Report
04/03/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-6174810		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
23		28		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zip		Country		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
24		25		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
29		30		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**COBB, JERRY C., ESQUIRE
501 S. FT. HARRISON AVENUE
SUITE 206
LARGO FL 34616**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC FADDEN, MICHAEL	1.2 NAME	
STREET ADDRESS	4490 CLEARWATER HARBOR DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	1.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, CHARLES	2.2 NAME	FINKE, RODNEY
STREET ADDRESS	1264 HIGH BLUFF DR W	2.3 STREET ADDRESS	3856 MCKAY CREEK DR.
CITY - ST - ZIP	LARGO FL	2.4 CITY - ST - ZIP	LARGO, FL.
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTELNIK, JOSEPH J	3.2 NAME	
STREET ADDRESS	4171 HARBOR HILLS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	3.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTREBA, CORINA	4.2 NAME	PHILLIPS, PEGGY
STREET ADDRESS	1564 HARBOR HILLS DRIVE	4.3 STREET ADDRESS	3716 MCKAY CREEK DR.
CITY - ST - ZIP	LARGO FL	4.4 CITY - ST - ZIP	LARGO, FL.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JANE	5.2 NAME	
STREET ADDRESS	4185 HARBOR HILLS DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, DEAN	6.2 NAME	SCELZI, FRANK
STREET ADDRESS	1521 BROOKSIDE DRIVE	6.3 STREET ADDRESS	4035 HARBOR HILLS DR.
CITY - ST - ZIP	LARGO FL	6.4 CITY - ST - ZIP	LARGO, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Kostelnik Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 (813) 586-5294
Date Daytime Phone #

CR2E037 (12/95)