FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 701976

1. Corporation Name

(3)

HARBOR HILLS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address							jala uhuli uhuli	PARIL BIRIL BI	
P.O. BOX 1121 P.O. BOX 1121 LARGO FL 34649-1121 LARGO FL 33779-1121									
						3. Date Incorporated or Qualified 01/31/1961		of Last Re 14/22/199	
2. Principal Pi	ace of Business	2a. Mailing Address 26				4. FEI Number 59-6174810			plied For of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State 23		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip 29	Coun	itry		8. This corporation has liability for i	ntangible ta		199.032,
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Re	gistered A	gent	
AARR 1				B1	Name				
501 S. F	ERRY C., ESQUIRE T. HARRISON AVENUE					Address (P.O. Box Number is Not Acceptab	le)		
SUITE 2			1	В3					
LAHGU	FL 346 16		Ī	84	Cily		FL	85 Zip C	Code
11 Pursuant t	o the provisions of Sections 617 050)2 and 617 1508. Florida Statu	ites, the abo	Ove	-namec	d corporation submits this statement for the p		hanging it	s registered
office or re	egistered agent, or both, in the State of familiar with, and accept the oblig	of Florida. Such change was	authorized	by	the cor	rporation's board of directors. I hereby accep	of the appoint	intment as	registered
	in familial with, and accept the oblig	11(01)3 01, 300(10)1 017.0000, 1	ionda Jiaid	1103	٠.				
SIGNATURE _	Signature, typed or printed name of registered ag-	ent and title if applicable (NO	TE: Registered	Αgc	ni signatur	re required when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	Ď	☐ DELETE	1.1 TITE	F			L	Change] Addition
NAME	MCFADDEN, MICHAEL	. 00	1.2 NAM						
STREET ADDRESS	4490 CLEARWATER HARBOF	(DK			ADDRESS				
CITY-ST-ZIP	LARGO FL	☐ DELETE	1.4 CITY		1-ZIP	<u> </u>	-	Change	Addition
TITLE	FINKE, RODNEY			2.1 TITLE		1	L	Change	L_J ADOMON
NAME CTREET ADDRESS	3856 MCKAY CREEK DRIVE		2.2 NAME 2.3 STREET ADDRESS		ADDDECC				
STREET ADDRESS	LARGO FL		2. 4 CIT						
CITY-ST-ZIP TITLE	T	x DELETE	3.1 TITL		SI-ZIP	 	T	Change	Addition
NAME	KOSTELNIK, JOSEPH J		3.2 NAM			T	-	n ·	
STREET ADDRESS	4171 HARBOR HILLS DR				ADDRESS	Cara Boos			
CITY-ST-ZIP	LARGO FL		3.4. CIT			3698 Shady Bluff			
TITLE	8	DELETE	4.1 TiTL	E		Largo, Fl .		Change	Addition
NAME	PHILLIPS, PEGGY		4. 2 NA	ME					
STREET ADDRESS	3716 MCKAY CREEK DR		4.3 STR	EET	ADDRESS				
CITY-ST-ZIP	LARGO FL		4.4 CIT	Y-5	T-ZIP				
TITLE	D	≯ □ DELETE	5.1 ŤITL	LE		D	l	Change 😾	Addition
NAME	EVANS, JANE		5.2 NAM	ΜĚ		Ralph Munyan			
STREET ADDRESS	4195 HARBOR HILLS DR		5.3 S1R	EET	ADDRESS		Dr.		
CITY-ST-ZIP	LARGO FL	DELETE	5.4 CIT		1-21P	Largo, Florida	<u>_</u>	T Change	Addition
TITLE	D Scelzi, Frank		6.1 1(TL				L	Change	L1 Modifion
NAME CYPEET ADODESC	4035 HARBOR HILLS DRIVE		6.2 NAM		NO DOCCO				
STREET ADDRESS	LARGO FL				ADDRESS				
CITY-ST-ZIP 14. I do heret	by certify that the information supplic	od with this filing does not aua	6.4 City dify for the e	же	mption :	L stated in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
informatio	n indicated on this annual report or .	supplemental annual report is:	drue and ac	COL	irate ani	d that my signature shall have the same loga report as required by Chapter 617, Florida S	d effect as i	if made und	der oath: that