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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/31/1961	4. FEI Number 59-6174810	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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	85 Zip Code
			FL	

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

Signature, typed or printed name of registered agent and title if applicable

(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	D <input checked="" 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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKE, RODNEY	2.2 NAME	
STREET ADDRESS	3856 MCKAY CREEK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOS, CARL	3.2 NAME	Boos, Cara
STREET ADDRESS	3968 SHADY BLUFF	3.3 STREET ADDRESS	3698 Shady Bluff
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, Florida 33770
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, PEGGY	4.2 NAME	Marilyn Banks
STREET ADDRESS	3718 MCKAY CREEK DR	4.3 STREET ADDRESS	3733 McKay Creek Drive
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Largo, Florida 33770
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNYAN, RALPH	5.2 NAME	Marc Shumaker
STREET ADDRESS	4542 HARBOR HILLS DR.	5.3 STREET ADDRESS	4221 Clearwater Harbor Drive
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	Largo, Florida 33770
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCELZI, FRANK	6.2 NAME	
STREET ADDRESS	4035 HARBOR HILLS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael P. Fadden

2-17-98

CP2E037 (10/97)