## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 701976**

HARBOR HILLS PROPERTY OWNERS ASSOCIATION, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

P.O. BOX 1121 LARGO FL 34649-1121

2a. Mailing Address

City & State

27

Suite, Apt. #, etc.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90243 011 \*\*\*\*61.25

	. }  <b>                                   </b>	<b>1 1</b> 111 1111 1111 1111	<b>1888) Bibli 1884) Bibli 18</b>

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

01/31/1961 4. FEI Number

59-6174810

140793 - 90243 - 11

J , , , , , , , , , , , , , , , , , , ,					5. Certificate of Status Desired  Fee Required
Zip	Country	Zip	Cou	ntry	6. Election Campaign Financing 55.00 May Be
7.7	25	29	30	•	Trust Fund Contribution Added to Fees
•	9. Name and Address of Current F	<u> </u>			10. Name and Address of New Registered Agent
				81 Name	ne
CORR IE	RRY C., ESQUIRE			82 Stree	et Address (P.O. Box Number is Not Acceptable)
	HARRISON AVENUE			01 01100	or Addison (1.15. Box Addison 1.15. Box Addison (1.15. Box Addison (1.
SUITE 206				83	
LARGO FL				84 City	85 Zip Code
				J. J. J.	<u> </u>
office or r agent, I a	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change v	vas authorized	DV the cor	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable,	(NOTE: Registered	Agent signatur	re required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELE	TE 1.1 TI	TLE.	MARILYN BANKS Change Addit
IAME	MCFADDEN, MICHAEL		1.2 NA	ME	3733 Mc KAY CREEK DE
TREET ADDRESS	4490 CLEARWATER HARBOR DR		1.3 ST	REET ADDRES	
CITY-ST-ZIP	LARGO FL		1.4 CF	TY-ST-ZIP	TRESIDENT
TTLE	V	☐ DELE	TE 2.1 TI	T.E	MARCUS Schumacher Change Addition
IAME	FINKE, RODNEY		2.2 N	ME	4221 HARDOR HILLE DR
TREET ADDRESS	3856 MCKAY CREEK DRIVE		2.3 \$7	REET ADDRES	SS 122770
CITY-ST-ZIP		carocut	2.4 C	TY-ST-ZIP	LARGO, FL. 33770
rmle	T	☐ DELE	TE 3.1 ΤΓ	TLE	DON CRONE Change Addition 3872 HARBOR HIMS DE.  LARGO, Fl. 33770
AME	BOOS, CARL CALA		3.2 N	ME	2022 HARBOR HILL DE.
STREET ADDRESS			3.3 ST	REET ADDRES	SS 1000 F/ 38720
CITY-ST-ZIP		rsucer	3.4. C	TY-ST-ZIP	LARGO, FI. Co.
TITLE	S	DELE	TE 4.1 TI	n.E	☐ Change ☐ Addi
AME	PHILLIPS, PEGGY		4.2 N	AME	
STREET ADDRESS	3716 MCKAY CREEK DR		4.3 ST	REET ADORES	ss
CITY-ST-ZIP		Retary	4.4 CI	TY-ST-ZIP	
rmle	D	DELE	TE 5.1 TI	n,E	☐ Change ☐ Addi
NAME	MUNYAN, RALPH		5.2 N/	ME.	
STREET ADDRESS			5.3 S1	REET ADDRES	ess
CITY-ST-ZIP	LARGO FL		5.4 C	TY-ST-ZIP	
TITLE	D	☐ DELE	TE 6.1 TI	TLE ·	☐ Change ☐ Addi
NAME	SCELZI, FRANK		6.2 N	WE	
STREET ADDRESS			6.3 S1	REET ADDRES	ess
	LARGO FL		6.4 CI	TY-ST-ZIP	
CITY-ST-ZIP	LARGO FL				

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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable