

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 740809 (9)

1. Corporation Name

HARBOR VILLAS CONDOMINIUM ASSOCIATION, INC.

95 MAR -7 PM 1:41

Principal Place of Business Mailing Address
352 WESTWINDS DR. PALM HARBOR, 34683 352 WESTWINDS DR. PALM HARBOR, 34683
P.O. BOX 695 P.O. BOX 695
TARPON SPRINGS FL 34688-7695 TARPON SPRINGS FL 34688-7695

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
11/18/1977 03/10/1994
4. FEI Number Applied For
59-1776436 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

I & J PROPERTY MANAGEMENT, INC.
352 WESTWINDS DRIVE
PALM HARBOR FL 34683

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 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	MARLETTE, MARLYN
STREET ADDRESS	4937 MARINE PARKWAY, 206
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VPD
NAME	MORGAN, ROBERT
STREET ADDRESS	4937 MARINE PKWY S105
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	PD
NAME	STANLEY, JACK
STREET ADDRESS	2 CHANNEL COURT
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VPD
NAME	PALNAU, GERHARD
STREET ADDRESS	5154 TURQUOISE LANE #208
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	TD
NAME	FRIEDMAN, ELEANOR.
STREET ADDRESS	4937 MARINE PKWY #107
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARYX WOLFGANG
2.3 STREET ADDRESS	4956 HARBOR VILLA LANE, 204
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6334 SPRING FLOWER DRIVE #21
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 118.07(3)(b), 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 this 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 my address.

SIGNATURE: *J. P. ...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-95 813-942-4755
Date Telephone Number