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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 740809 (9)
1. Corporation Name
HARBOR VILLAS CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 11/18/1977
4. FEI Number: 59-1776436
Applied For: Not Applicable

2. Principal Place of Business: 21 RESOURCE PROP MGMT, Suite, Apt. #, etc. 22 905 E. MILKING JR DR 227, City & State 23 TARPON SPRINGS FL, Zip 24 34689, Country 25
2a. Mailing Address: 26 905 E. MILKING JR DR, Suite, Apt. #, etc. 27 #227, City & State 28 TARPON SPRINGS FL, Zip 29 34689, Country 30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: I & J PROPERTY MANAGEMENT, INC. -> 352 WESTWINDS DRIVE PALM HARBOR FL 34683

10. Name and Address of New Registered Agent: 81 Name: RESOURCE PROPERTY MGMT, 82 Street Address: 905 E. MILKING JR DR, 83 #227, 84 City: TARPON SPRINGS FL, 85 Zip Code: 34689

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: Cecale L. Duckworth (NOTE: Registered Agent signature required when reinstating) DATE: 3/18/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|----------------------------|
| TITLE | DVP CHRISTMAN, CLEARENCE 4956 HARBOR VILLA LANE 210 NEW PORT RICHEY FL | 1.1 TITLE | |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VPD MEYER, HEDWIG 5135 GEMSTONE DR. #208 NEW PORT RICHEY FL | 2.1 TITLE | T |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | PD RICHARD KOESTERS 4956 HARBOR VILLA LANE #201 NEW PORT RICHEY FL | 3.1 TITLE | D |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | SD P MINDEK, MICHEAL 5135 GEMSTONE DR 204 NEW PORT RICHEY FL | 4.1 TITLE | P |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | TD FRIEDMAN, ELEANOR. 4937 MARINE PKWY #107 NEW PORT RICHEY FL | 5.1 TITLE | T |
| NAME | | 5.2 NAME | RITA SMITH |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 4956 HARBOR VILLA LANE 111 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | NEWPORT RICHEY FL |
| TITLE | RITA SMITH 4956 HARBOR VILLA LANE 111 NEWPORT RICHEY FL | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 J. Duckworth DATE: 3/18/98

CR2E037 (10/97)