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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740809**

1. Corporation Name  
**HARBOR VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business RESOURCE PROPERTY MANAGEMENT 905 E M. L. KING JR. DR #227 TARPON SPRINGS FL 34689 US	Mailing Address 905 E M. L. KING JR. DR #227 TARPON SPRINGS FL 34689 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/18/1977
21 Suite, Apt. #, etc. 22 <u>265</u>	26 Suite, Apt. #, etc. 27 <u>265</u>	4. FEI Number 59-1776436
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip	25 Country	29 Zip
26 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**RESOURCE PROPERTY MANAGEMENT**  
 905 E M. L. KING JR. DR  
 #227  
 TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83 <u>265</u>	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTMAN, CLEARENCE	
STREET ADDRESS	4956 HARBOR CILLA LANE 210	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, HEDWIG	
STREET ADDRESS	5135 GEMSTONE DR. #208	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD KOESTERS	
STREET ADDRESS	4956 HARBOR VILLA LANE #201	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MINDEK, MICHEAL	
STREET ADDRESS	5135 GEMSTONE DR 204	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, RITA	
STREET ADDRESS	4956 HARBOR VILLA LANE 111	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REINHARD SCHIENKE	
1.3 STREET ADDRESS	URSULA <del>BLVD</del> 20025 31 MILE RD.	
1.4 CITY-ST-ZIP	RAY, MI 48096	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	URSULA ARNOLD	
2.3 STREET ADDRESS	5154 TURQUOISE LA. #208	
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CATHERINE CAPUTA	
4.3 STREET ADDRESS	4956 HARBOR VILLAS # 208	
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
5.1 TITLE	S	<input checked="" 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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: SIGNATURE OF RITA SMITH 16 FEB. 99 (727) 945-1911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)