


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90083 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 758484					
1. Corporation Name HARBOR WOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2180 W SR 434 #5000 LONGWOOD FL 32779			Mailing Address 2180 W SR 434 #5000 LONGWOOD FL 32779		



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/26/1981	
				4. FEI Number 59-2095523	
				Applied For Not Applicable	
				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	

9. Name and Address of Current Registered Agent HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 W. STATE RD. 434, SUITE 5000 LONGWOOD FL 32779				10. Name and Address of New Registered Agent	
				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 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 <input type="checkbox"/> DELETE				1.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME WASHAM, BILLY MAC				1.2 NAME			
STREET ADDRESS 455 CATAMARAN DR., #42				1.3 STREET ADDRESS			
CITY-ST-ZIP MERRITT ISLAND FL				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PD SCHACK, ROBERT E				2.2 NAME			
STREET ADDRESS 540 BUTTONWOOD DR.				2.3 STREET ADDRESS			
CITY-ST-ZIP MERRITT ISLAND FL 32952				2.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TD JARVIS, MARGE				3.2 NAME			
STREET ADDRESS 435 CATAMARAN DR #53				3.3 STREET ADDRESS			
CITY-ST-ZIP MERRITT ISLAND FL				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D ZIMBRO, SAHRON A				4.2 NAME ZIMBRO, SHARON A			
STREET ADDRESS 424 CATAMARAN DR, #70				4.3 STREET ADDRESS			
CITY-ST-ZIP MERRITT ISLAND FL 32952				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SD GRISAR, FRANCES				5.2 NAME			
STREET ADDRESS 420 CATAMARAN DR., #99				5.3 STREET ADDRESS			
CITY-ST-ZIP MERRITT ISLAND FL				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME BIRD, DEVAUGHN				6.2 NAME			
STREET ADDRESS 1030 GTANDA AVE				6.3 STREET ADDRESS			
CITY-ST-ZIP MERRITT ISLAND FL 32952				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 **4-11-99 861-2499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)