

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 DEC -2 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01512

1. Entity Name
HARVARD ARMS HOMEOWNERS ASSOCIATION INC.



Principal Place of Business
7300 PARK STREET
SEMINOLE, FL 33777 US

Mailing Address
7300 PARK STREET
SEMINOLE, FL 33777 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

701 ENTERPRISE RD E

701 ENTERPRISE RD E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 704

SUITE 704

City & State

City & State

SAFETY HARBOR, FL

SAFETY HARBOR FL

Zip

Country

Zip

Country

34695

US

34695

US

11262007 Chg-NC CR2E037 (12/06)

4. FEI Number
59-2400313

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RESOURCE MANAGEMENT~~
~~7300 PARK STREET~~
~~SEMINOLE, FL 33777~~

Name JOSEPH CIANFRONE

Street Address (P.O. Box Number is Not Acceptable)

1964 BAYSHORE BLVD

City DUNEDIN

FL

Zip Code 34698

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOSEPH CIANFRONE

Signature, typed or printed name of registered agent and fee is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/28/07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/T ☒ Delete
NAME FALCON, KATHY
STREET ADDRESS 1249 ABBEY CRESCENT LN.
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ☐ Change ☒ Addition
NAME LEE SCHOETTLIN
STREET ADDRESS 1313 ABBEY CRESCENT LN
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE DP ☒ Delete
NAME WENT, BOB
STREET ADDRESS 1272 ABBEY CRESCENT LN
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300112909639
12/06/07--01053--010 481 25

TITLE D ☐ Delete
NAME CLANTON, BOB
STREET ADDRESS 1290 ABBEY CRESCENT LN
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PERILLI, CANDISE
STREET ADDRESS 1266 ABBEY CRESCENT LANE
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME BURRIESCI, SAL
STREET ADDRESS 1306 ABBEY CRESCENT LN.
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE SCAROLYN KOBELIS ☐ Change ☒ Addition
NAME
STREET ADDRESS 1206 ABBEY CRESCENT LN
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with either the same or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

John H. Kuehl, LCAM 11/26/07 (757) 796-8772