

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004946

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Entity Name:** HARBOR CREST ASSOCIATION, INC.

**Current Principal Place of Business:**

2 OCTAVIA WAY  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1073  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:** 51-0647393      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FINCH, JOHN K.  
323 MAIN ST.  
SAFETY HARBOR, FL 34695      US

**Name and Address of New Registered Agent:**

FERRIS, WILLIAM E JR  
2 OCTAVIA WAY  
SAFETY HARBOR, FL 34695      US

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.

SIGNATURE: WILLIAM E FERRIS JR

10/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: FERRIS, WILLIAM E.  
Address: 2 OCTAVIA WAY  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DVP      ( ) Delete  
Name: FERRIS, CHRISTOPHER W.  
Address: 29708 69TH ST. N.  
City-St-Zip: CLEARWATER, FL 33763

Title: DST      ( ) Delete  
Name: FERRIS, SANDRA L.  
Address: 2 OCTAVIA WAY  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: FERRIS, WILLIAM E.JR.  
Address: 2 OCTAVIA WAY  
City-St-Zip: SAFETY HARBOR, FL 34695

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E FERRIS JR

P

10/08/2009

Electronic Signature of Signing Officer or Director

Date