

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25265 (2)

1. Corporation Name

HARBOR WOODS OF TARPON SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1961
PALM HARBOR FL 34683

P.O. BOX 1961
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2966297

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

Pinellas

29

34682

30

Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYAN, SUE
4896 HARBOR WOODS DR
PALM HARBOR FL 34683

81 Name

Same

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE *Susan Ryan*

(NOTE: Registered Agent signature required when registering.)

(DATE)

4/20/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MARSHALL, SAMUEL M.
STREET ADDRESS	4902 HARBOR WOODS DR
CITY - ST - ZIP	PALM HARBOR FL
TITLE	VPD
NAME	MORGAN, GEORGE
STREET ADDRESS	4818 HARBOR WOODS DR
CITY - ST - ZIP	PALM HARBOR FL
TITLE	DT
NAME	RYAN, SUE
STREET ADDRESS	4896 HARBOR WOODS DR
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	WISOTSKY, DAVID
STREET ADDRESS	4909 HARBOR WOODS DR
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	WARREN, TELLEFSEN
STREET ADDRESS	4961 HARBOR WOODS DR
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	TELLEFSEN, WARREN
STREET ADDRESS	4961 HARBOR WOODS DR
CITY - ST - ZIP	PALM HARBOR FL

11 TITLE	Director (D)	☒ Change ☐ Addition
12 NAME	Marshall, Samuel	
13 STREET ADDRESS	4902 Harbor Woods Dr	
14 CITY - ST - ZIP	PALM Harbor, FL	
21 TITLE		☐ Change ☐ Addition
22 NAME	Same	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	Treasurer - Director	☒ Change ☐ Addition
32 NAME	Ryan Sue	
33 STREET ADDRESS	4896 Harbor Woods Dr.	
34 CITY - ST - ZIP	Palm Harbor, FL	
41 TITLE	President	☒ Change ☐ Addition
42 NAME	David Wisotsky	
43 STREET ADDRESS	4909 Harbor Woods Dr.	
44 CITY - ST - ZIP	Palm Harbor FL	
51 TITLE		☒ Change ☐ Addition
52 NAME	Warren Tellefson	
53 STREET ADDRESS	No longer officer	
54 CITY - ST - ZIP		
61 TITLE		☒ Change ☐ Addition
62 NAME	Warren Tellefson	
63 STREET ADDRESS	No longer Officer	
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Susan Ryan

(SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR)

4/20/95

(DATE)

813-934-7434

(TELEPHONE NUMBER)