

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 34682
US

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PALM HARBOR FL 34682
US

3. Date Incorporated or Qualified
03/08/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
59-2966297

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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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

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

SUE RYAN Tr
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MARSHALL, SAMUEL
STREET ADDRESS 4902 HARBOUR WOODS DR
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME MORGAN, GEORGE
STREET ADDRESS 4818 HARBOR WOODS DR
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

2.1 TITLE secy George Morgan Secy ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4818 Harbor Woods Dr.
2.4 CITY-ST-ZIP Palm Harbor, FL 34683

TITLE TD
NAME RYAN, SUE
STREET ADDRESS 4896 HARBOR WOODS DR
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P
NAME WISOTSKY, DAVIN
STREET ADDRESS 4909 HARBOR WOODS DR
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE MARI
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE D
5.2 NAME NEWMAN, MARIE
5.3 STREET ADDRESS 4853 Harbor Woods Dr.
5.4 CITY-ST-ZIP Palm Harbor, FL 34683 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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 SIGNING OFFICER OR DIRECTOR

4/1/96

813-934-7424

Daytime Phone #

564-27-96

CR2E037 (12/95)