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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	P.O. BOX 1961 PALM HARBOR FL 34682 US

3. Date Incorporated or Qualified: 03/08/1988

4. FEI Number: 59-2966297 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	Vice President Director ☑ Change ☐ Addition
NAME	SCHWARTS, TOM		1.2 NAME	
STREET ADDRESS	4804 HARBOR WOODS DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	Schwarts, Tom 4804 Harbor Woods Dr. Palm Harbor, FL 34683
TITLE	S	☐ DELETE	2.1 TITLE	Secy. Director ☐ Change ☐ Addition
NAME	MORGAN, GEORGE		2.2 NAME	
STREET ADDRESS	4818 HARBOR WOODS DR		2.3 STREET ADDRESS	← SAME
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	Morgan George 4818 Harbor Woods Drive Palm Harbor, FL 34683
TITLE	TD	☐ DELETE	3.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	RYAN, SUE		3.2 NAME	
STREET ADDRESS	4896 HARBOR WOODS DR		3.3 STREET ADDRESS	← SAME
CITY-ST-ZIP	PLAM HARBOR FL		3.4 CITY-ST-ZIP	Ryan, Sue 4896 Harbor Woods Dr. Palm Harbor, FL 34683
TITLE	P	☑ DELETE	4.1 TITLE	☐ Change ☑ Addition
NAME	~~WOOTSKY, DAWN~~ Anna Bangley		4. 2 NAME	Anna Bangley
STREET ADDRESS	~~4900 HARBOR WOODS DR~~		4.3 STREET ADDRESS	4961 Harbor Woods Dr.
CITY-ST-ZIP	~~PALM HARBOR FL~~		4.4 CITY-ST-ZIP	Palm Harbor, FL 34682 President
TITLE	D	☑ DELETE	5.1 TITLE	Director ☐ Change ☑ Addition
NAME	NEWMAN, MARIE		5.2 NAME	Tony Scanza
STREET ADDRESS	4583 HARBOR WOODS DR		5.3 STREET ADDRESS	4890 Harbor Woods Dr.
CITY-ST-ZIP	PALM HARBOR FL 34683		5.4 CITY-ST-ZIP	Palm Harbor, FL 34682
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE _____