
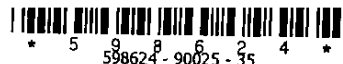


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Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90025 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N25265 ✓					
1. Corporation Name HARBOR WOODS OF TARPON SPRINGS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1961 PALM HARBOR FL 34682 US			Mailing Address P.O. BOX 1961 PALM HARBOR FL 34682 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/08/1988 4. FEI Number 59-2966297 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent RYAN, SUE 4896 HARBOR WOODS DR PALM HARBOR FL 34683		10. Name and Address of New Registered Agent 81 Name SUSAN RYAN (SAME) 82 Street Address (P.O. Box Number is Not Acceptable) 4896 Harbor Woods DR. 83 Palm Harbor 84 City FL 85 Zip Code 34683	
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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 Susan Ryan 7/3/99
Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTS, TOM	1.2 NAME	
STREET ADDRESS	4804 HARBOR WOODS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, GEORGE	2.2 NAME	
STREET ADDRESS	4818 HARBOR WOODS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, SUE	3.2 NAME	SUSAN RYAN
STREET ADDRESS	4896 HARBOR WOODS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANGLEY, ANNA	4.2 NAME	SAM MARSHALL
STREET ADDRESS	4961 HARBOR WOODS DR	4.3 STREET ADDRESS	4902 Harbor Woods Drive
CITY-ST-ZIP	PALM HARBOR FL 34682	4.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCONZA, TONY	5.2 NAME	Deborah Roberts D
STREET ADDRESS	4890 HARBOR WOODS DR	5.3 STREET ADDRESS	4955 Harbor Woods Drive
CITY-ST-ZIP	PALM HARBOR FL 34682	5.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Susan Ryan 7/3/99 727-934-1434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00193360

CR2E037 (5/99)