

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90103 044 \*\*\*\*61.25

**DOCUMENT # N25265**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2966297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HALPIN, DONALD JR~~  
~~4908 HARBOR WOODS DRIVE~~  
~~PALM HARBOR FL 34683~~

Name

**Ryan, Susan**

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

**4896 Harbor Woods Dr.**

City

**Palm Harbor**

FL

Zip Code

**34683**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**SUSAN RYAN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Aug 30, 2002**

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  
 NAME SCHWARTS, TOM  
 STREET ADDRESS 4804 HARBOR WOODS DR  
 CITY-ST-ZIP PALM HARBOR FL 34683  
☐ Delete **SAME**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE T  
 NAME HALPIN, DONALD A JR  
 STREET ADDRESS 4908 HARBOR WOODS DRIVE  
 CITY-ST-ZIP PALM HARBOR FL 34683  
☒ Delete

TITLE T  
 NAME SUSAN RYAN  
 STREET ADDRESS 4896 Harbor Woods Dr.  
 CITY-ST-ZIP Palm Harbor, FL 34683  
☐ Change ☒ Addition

TITLE P  
 NAME MARSHALL, SAM  
 STREET ADDRESS 4902 HARBOR WOODS DR  
 CITY-ST-ZIP PALM HARBOR FL 34683  
☐ Delete **SAME**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE S  
 NAME ROBERTS, DEBORAH  
 STREET ADDRESS 4955 HARBOR WOODS DRIVE  
 CITY-ST-ZIP PALM HARBOR FL 34683  
☐ Delete **SAME**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D  
 NAME STEICKLAND, GEORGE  
 STREET ADDRESS 4986 HARBOR WOODS DRIVE  
 CITY-ST-ZIP PALM HARBOR FL 34683  
☒ Delete

TITLE D  
 NAME Kistler, Len  
 STREET ADDRESS 4865 Harbor Woods Drive  
 CITY-ST-ZIP Palm Harbor, FL 34683  
☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SUSAN RYAN**

**Aug 30, 2002 727-934-7434**

CR2E037 (4/02)