


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90078 002 ***61.25

DOCUMENT # N25265

1. Entity 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

24083234



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07262004 Chg-NP CR2E037 (10/03)

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

RYAN, SUSAN
4896 HARBOR WOODS DR
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHWARTS, TOM	
STREET ADDRESS	4804 HARBOR WOODS DR	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, SAM	
STREET ADDRESS	4902 HARBOR WOODS DR	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, DEBORAH	
STREET ADDRESS	4955 HARBOR WOODS DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	KISHLER, LEN	
STREET ADDRESS	4865 HARBOR WOODS DR	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	T	<input type="checkbox"/> Delete
NAME	RYAN, SUSAN	
STREET ADDRESS	4896 HARBOR WOODS DR	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Tom Schwartz		
STREET ADDRESS	4804 Harbor Woods Dr.		
CITY-ST-ZIP	Palm Harbor, FL 34683		
TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Len Kishler		
STREET ADDRESS	4865 Harbor Woods Dr.		
CITY-ST-ZIP	Palm Harbor FL 34683		
TITLE	(See)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bob L'Esperance		
STREET ADDRESS	4812 Harbor Woods Dr		
CITY-ST-ZIP	Palm Harbor, FL 34683		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sandy Tepper		
STREET ADDRESS	4897 Harbor Woods Dr.		
CITY-ST-ZIP	Palm Harbor, FL 34683		
TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Susan Ryan		
STREET ADDRESS	4896 Harbor Woods Dr.		
CITY-ST-ZIP	Palm Harbor, FL 34683		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/04 (729)
 934-7434
Date Daytime Phone #