

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25265

FILED
Aug 19, 2005
Secretary of State

Entity Name: HARBOR WOODS OF TARPON SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1961
PALM HARBOR, FL 34682 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1961
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-2966297 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHWARTZ, TOM
Address: 4804 HARBOR WOODS DR
City-St-Zip: PALM HARBOR, FL 34683

Title: S () Delete
Name: L'ESPERANCE, BOB
Address: 4812 HARBOR WOODS DR
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: TEPPER, SANDY
Address: 4897 HARBOR WOODS DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD () Delete
Name: KISHLER, LEN
Address: 4865 HARBOR WOODS DR
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: RYAN, SUSAN
Address: 4896 HARBOR WOODS DR
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARSHALL, SAM
Address: 4902 HARBOR WOODS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN RYAN

T

08/19/2005

Electronic Signature of Signing Officer or Director

Date