

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28910** (0)
1. Corporation Name
HARVARD CLUB OF THE WEST COAST OF FLORIDA, INC.



Principal Place of Business
**C/O GARCIA, ELVIRA T
4805 MENDENHALL DR
TAMPA FL 33603**

Mailing Address
**C/O GARCIA, ELVIRA T
4805 MENDENHALL DR
TAMPA FL 33603**

3. Date Incorporated or Qualified
10/18/1988

3a. Date of Last Report
01/23/1995

4. FEI Number
59-2909962

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**GARCIA, ELVIRA T.
4805 MENDENHALL DRIVE
TAMPA FL 33603**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, JAMES N	
STREET ADDRESS	6677 EMERSON AVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, ROBERTA	
STREET ADDRESS	124 ADALIA AVENUE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GARCIA, ELVIRA T.	
STREET ADDRESS	4805 MENDENHALL DR.	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KING, FORD	
STREET ADDRESS	3600 OAK MANOR LANE #226	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDENFARB, SONDR	
STREET ADDRESS	672 POINSETTIA RD., #55	
CITY-ST-ZIP	BELLEAIR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		Richard T. Coley	
1.3 STREET ADDRESS		2505 W. Gardner Ct.	
1.4 CITY-ST-ZIP		Tampa, FL 33611	
2.1 TITLE	D	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		Louis Varsames	
2.3 STREET ADDRESS		2627 W. Sunset Dr.	
2.4 CITY-ST-ZIP		Tampa, FL 33629-3340	
3.1 TITLE	D	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		Garcia, Elvira T.	
3.3 STREET ADDRESS		4805 Mendenhall Dr.	
3.4 CITY-ST-ZIP		Tampa, FL 33603	
4.1 TITLE	D	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		Drew Graham	
4.3 STREET ADDRESS		816 Island Walk Dr.	
4.4 CITY-ST-ZIP		Tampa, FL 33602	
5.1 TITLE		000001748410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		-03/19/96--01023--009	
5.3 STREET ADDRESS		***61.25	
5.4 CITY-ST-ZIP			
6.1 TITLE	D	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		Gregory Hansel	
6.3 STREET ADDRESS		2621 Parkview Ave.	
6.4 CITY-ST-ZIP		Tampa, FL 33629-7614	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elvira T. Garcia* Elvira T. Garcia 1-16-96 (813)872-9845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)