

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

Mailing Address

C/O GARCIA, ELVIRA T
4805 MENDENHALL DR
TAMPA FL 33603C/O GARCIA, ELVIRA T
4805 MENDENHALL DR
TAMPA FL 33603-26123. Date Incorporated or Qualified
10/18/19883a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2909962

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, ELVIRA T.
4805 MENDENHALL DRIVE
TAMPA FL 33603

81 Name

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

83

84 City

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME COLEY, RICHARD T
STREET ADDRESS 2505 W GARDNER CT
CITY-ST-ZIP TAMPA FL 336111.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME Joe Garvey
1.3 STREET ADDRESS 12014 N. Oregon Av.
1.4 CITY-ST-ZIP Tampa, FL 33612TITLE VD ☒ DELETE
NAME WATSON, ROBERTA
STREET ADDRESS 124 ADALIA AVENUE
CITY-ST-ZIP TAMPA, FL 336062.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME Gordon J. Schiff
2.3 STREET ADDRESS 2918 Wallcraft Av.
2.4 CITY-ST-ZIP Tampa, FL 33611TITLE STD ☐ DELETE
NAME GARCIA, ELVIRA T.
STREET ADDRESS 4805 MENDENHALL DR.
CITY-ST-ZIP TAMPA, FL 336033.1 TITLE R. Bronson Thayer ☒ Change ☐ Addition
3.2 NAME Ft. King Hwy
3.3 STREET ADDRESS P.O. Box 429 N/A
3.4 CITY-ST-ZIPTITLE VPD ☒ DELETE
NAME GRAHAM, DREW
STREET ADDRESS 816 ISLAND WALK DR
CITY-ST-ZIP TAMPA FL 336024.1 TITLE Thonotosassa, FL 33592 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME GOLDENFARB, SONDR
STREET ADDRESS 672 POINSETTIA RD., #55
CITY-ST-ZIP BELLEAIR FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME HANSEL, GREGORY
STREET ADDRESS 2621 PARKVIEW AVE
CITY-ST-ZIP TAMPA FL 33629-76146.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Elvira T. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORElvira T. Garcia 2-5-97 (813) 872-9845
Date Daytime Phone # 001703

CR2E037 (9/96)