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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/18/1988
4. FEI Number 59-2909962
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 c/o Drew Graham Suite, Apt. #, etc. 22 614 West Bay Street City & State 23 Tampa, FL Zip 24 33606	2a. Mailing Address 26 c/o Drew Graham Suite, Apt. #, etc. 27 614 West Bay Street City & State 28 Tampa, FL Zip 29 33606
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9. Name and Address of Current Registered Agent GARCIA, ELVIRA T. 4805 MENDENHALL DRIVE TAMPA FL 33603
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10. Name and Address of New Registered Agent 81 Name Drew A. Graham 82 Street Address (P.O. Box Number is Not Acceptable) c/o South Atlantic Capital Corp. 83 614 West Bay Street 84 City Tampa FL 85 Zip Code 33606
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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 *Drew A. Graham - Secretary/Treasurer* 5/1/98
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 NAME STREET ADDRESS CITY-ST-ZIP	PD COLEY, RICHARD T 2505 W GARDNER CT TAMPA FL 33611 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARVEY, JOE 12014 N OREGON AVE TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, ELVIRA T. 4805 MENDENHALL DR. TAMPA, FL 33603 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHIFF, GORDON J 2918 WALLCRAFT AVE TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAYER, A B FT KING HWY, P O BOX 429 N/A THONOTOSASSA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEL, GREGORY 2621 PARKVIEW AVE TAMPA FL 33629-7614 <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President, Vice Steve Ernst 2502 Rocky Point Drive, Suite 695 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary/Treasurer Drew A. Graham c/o South Atlantic Capital, 614 West Bay St. Tampa, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 *Drew A. Graham* 5/1/98 (012) 252-7500

CR2E037 (10/97)