SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N28910

1. Corporation Name

HARVARD CLUB OF THE WEST COAST OF FLORIDA, INC.

Principal Place of Business
614 W BAY STREET
TAMPA FL 33606
US

21

2. Principal Place of Business

Mailing Address

614 W BAY ST TAMPA FL 33606

2a. Mailing Address

Suite, Apt. #, etc.

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90006 015 ****61.25





Applied For

3. Date Incorporated or Qualifed

10/18/1988

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Ap	plied For
22		27			59-2909962		No	t Applicable
City & State City & State				5. Certificate of Status Desired		\$8.75 A Fee Re		
Zip			Count	ry	6. Election Campaign Financing		\$5.00	May Be
24	4 25 29 30						Added t	o Fees
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New R	egistered /	Agent	
			8	1 Name				į
GRAHAM, D A				2 Street Addr	ress (P.O. Box Number is Not Accepta	hie)		
614 W BAY ST				2 Street Addi	less (F.O. Dox Humber is Not Accepta	0.07		
				3				
TAMPA FL 33606								
			8	4 City		FI	85 Zip (Code
44 Durament	to the provisions of Sections 617.0502	and 617 1508. Florida Statu	ites the abo	ve-named com	poration submits this statement for the	ourpose of	changing its	registered
office or re agent. I a	to the provisions of Sections 617.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was	authorized b	v the corporation	on's board of directors. I hereby accep	t the appoir	itment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	TE: Registered Ag	gent signature require		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	VP	☐ DELETE	1.1 TITLE	:			Change	Addition
NAME	ERNEST, S		1.2 NAME	.				
STREET ADDRESS 2502 ROCKY POINT DR, STE 695			1.3 STRE	ET ADORESS				
CITY-ST-ZIP	TAMPA FL 33607	-	1,4 CITY-	-ST-ZIP				
TITLE	P	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	GARVEY, JOE		2.2 NAME	<u> </u>				
STREET ADDRESS	12014 N OREGON AVE		2.3 STRE	ET AODRESS				
CITY-ST-ZIP	TAMPA FL		2.4 CITY					
TITLE	ST	☐ DELETE	3.1 TITLE				Change	Addition
NAME	GRAHAM, D A		3.2 NAMI					,
	614 W BAY ST			ET ADDRESS		-		
STREET ADDRESS	TAMPA, FL 33603 33606		3.4. CITY					İ
CITY-ST-ZIP	D	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	SCHIFF, GORDON J		4, 2 NAM					_
	2918 WALLCRAFT AVE			ET ADDRESS				
STREET ADDRESS	TAMPA FL		4.3 STRE	- '				
CITY-ST-ZIP	D	☐ DELETE	5.1 TITLE				Change	Addition
	THAYER, A B		5.2 NAMI					
NAME	FT KING HWY, P O BOX 429 N	'A	1	ET ADDRESS				
STREET ADDRESS		^	5.4 CITY-					
CITY-ST-ZIP	THONOTOSASSA FL	□ DELETE	6.1 TITLE				☐ Change	☐ Addition
TUFE		D refere	6.2 NAMI				_ +89	1
NAME								
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY		0	fi mala e e e e e	16. 4L-44 1	néarmatica
14. I hereby o	ertify that the information supplied with	this filing does not qualify f	or the exemp	ption stated in S	Section 119.07(3)(i), Florida Statutes. [rurtner cerl	my that the in	niormation

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 an attachment with an address, with all other like empowered.

SIGNATURE:

Graham

CR2E03/ (5/99)