

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90019 022 ****61.25

DOCUMENT # N31903			
1. Entity Name HARBOR WOODS NORTH HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1601 POLO CLUB DR TARPON SPRINGS FL 34689 US		Mailing Address 1601 POLO CLUB DR TARPON SPRINGS FL 34689 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SUTTIE, MALCOLM R 765 SADDLEBROOK DR TARPON SPRINGS FL 34689		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2997691** Applied For
Not Applicable

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

SIGNATURE _____ <small>Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when registering.)</small>		DATE _____	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME NAMI STREET ADDRESS CITY ST ZIP	DP KROLL, AMY 1637 PALOMINO DR TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete	NAME NAMI STREET ADDRESS CITY ST ZIP	PRESIDENT MACPHERSON BLAKE 1675 POLO CLUB DR. TARPON SPRINGS FL 34689 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAMI STREET ADDRESS CITY ST ZIP	DVP LEE, JERRY 740 DERBY DR TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	NAME NAMI STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAMI STREET ADDRESS CITY ST ZIP	DS KRIS, MARYANN 1621 POLO CLUB DR TARPON SPRING FL 34689 <input checked="" type="checkbox"/> Delete	NAME NAMI STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAMI STREET ADDRESS CITY ST ZIP	T SUTTIE, MALCOLM 765 SADDLEBROOK DR TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	NAME NAMI STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAMI STREET ADDRESS CITY ST ZIP	D MACPHERSON, BLAKE 1675 POLO CLUB DR TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Delete	NAME NAMI STREET ADDRESS CITY ST ZIP	D GAIL BATISTONI 848 DERBY DR. TARPON SPRING FL 34689 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAMI STREET ADDRESS CITY ST ZIP	D LINATSAS, WANDA 1723 POLO CLUB DR TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	NAME NAMI STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM R. SUTTIE **MALCOLM R. SUTTIE** 2-14-07 27-947-4413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #