


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90187 043 ****61.25

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DOCUMENT # N31903	
1. Entity Name HARBOR WOODS NORTH HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 3974 TAMPA RD STE C OLDSMAR FL 34677 US	Mailing Address 3974 TAMPA RD STE C OLDSMAR FL 34677 US
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2. Principal Place of Business 1601 POLO CLUB DR	3. Mailing Address 1601 POLO CLUB DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TARPON SPRINGS FL	City & State TARPON SPRINGS FL
Zip 34689	Zip 34689
Country ANELLAS	Country ANELLAS



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GALBRAITH, CHARLA J HERITAGE PROPERTY MANAGEMENT, INC. 3974 TAMPA RD, SUITE C OLDSMAR FL 34677	
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4. FEI Number 59-2997691	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name DENIS STRAVROPOULOS	
Street Address (P.O. Box Number is Not Acceptable) 1602 POLO CLUB DRIVE	
City TARPON SPRINGS FL	Zip Code 34689

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.

SIGNATURE *Denis Stravopoulos* **DENIS STRAVROPOULOS** **29 MAR 03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CORBETT, GARY 1658 POLO CLUB DR TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUPOLOUS, DENIS 1602 POLO CLUB DRIVE TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOEHM, LEONE 1730 PALOMINO DRIVE TARPON SPRING FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANDERSEN, KATHY 866 DERBY DR TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWAN, DAVE 1722 WINNER'S CIR TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DENIS STRAVROPOULOS 1602 POLO CLUB DRIVE TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLAKE MACPHERSON 1675 POLO CLUB DR TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SALLY F. SCHATZ 1651 WINNERS CIRCLE TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LISA LEVY 884 DERBY DR TARPON SPRINGS FL 34689 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JEFFREY STAZICK 1715 PALOMINO DR TARPON SPRING FL 34689 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME 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 exemption stated in Section 119.07(3)(i), 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: *Sally F. Schatz* **SIGNATURE** **29 MAR 03** **727-945-7754**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)