

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28910

Entity Name: HARVARD CLUB OF THE WEST COAST OF FLORIDA, INC.**Current Principal Place of Business:**405 S. DALE MABRY HWY.
SUITE 370
TAMPA, FL 33609**Current Mailing Address:**405 S. DALE MABRY HWY.
SUITE 370
TAMPA, FL 33609 US**FEI Number:** 86-1059848**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MICHAEL, BELTRAN P.
405 S. DALE MABRY HWY.
SUITE 370
TAMPA, FL 33609 US*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.***SIGNATURE:** /S/MICHAEL PAUL BELTRAN

01/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, DIRECTOR
Name PALERMO, ANTHONY J
Address 100 N. TAMPA ST.
SUITE 4100
City-State-Zip: TAMPA FL 33602

Title T
Name MCCRORY, DYLAN R
Address 6811 BLUFFS BLVD
City-State-Zip: TEMPLE TERRACE FL 33617

Title VP
Name GONZALEZ, ANDRE
Address 502 S. FREMONT AVE.
APT. 717
City-State-Zip: TAMPA FL 33606

Title S
Name WATSON, ROBERTA CMS
Address 101 E. KENNEDY BLVD, SUITE 2700
City-State-Zip: TAMPA FL 33602

Title L
Name TIMMONS, ERIC MR.
Address 1921 SADDLE HILL RD S
City-State-Zip: DUNEDIN FL 33602

Title PRESIDENT
Name BELTRAN, MICHAEL PAUL ESQ.
Address 405 S. DALE MABRY HWY.
SUITE 370
City-State-Zip: TAMPA FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: /S/MICHAEL PAUL BELTRAN

PRESIDENT

01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date