

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90757 025 ****61.25

0042631

DOCUMENT # 716048

1. Entity Name

HARBOUR CLUB CONDOMINIUM NO. ONE, INC.

Principal Place of Business

100 BLUFF VIEW DR
BELLEAIR BLUFFS FL 33770
US

Mailing Address

2880 SCHERER DRIVE
840
SAINT PETERSBURG FL 33716
US

000640.76



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1456357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADDIO, JOSEPH
100 BLUFF VIEW DR #303B
BELLEAIR BLUFFS FL 33770

7. Name and Address of New Registered Agent

Name **JOSEPH R. CIANFRONE, PA**

Street Address (P.O. Box Number is Not Acceptable)

1968 BAYSHORE

City **DUNEDIN**

FL

Zip Code
34698

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.

SIGNATURE

Joseph R. Cianfrone, PA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDREWS, WARREN	
STREET ADDRESS	100 BLUFF VIEW DR, #111	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANTHONISEN, DORIS	
STREET ADDRESS	100 BLUFF VIEW DR B 209	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DADDIO, JOSEPH	
STREET ADDRESS	100 BLUFF VIEW DR #303B	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HANNAS, TONY	
STREET ADDRESS	10 INNESBROOK CT	
CITY-ST-ZIP	STILLSVILLE ONTARIO CD	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCENT, JOSEPH	
STREET ADDRESS	100 BLUFF VIEW DR B210	
CITY-ST-ZIP	BELLEAIR BLUFF FL 33770	
TITLE	<i>[Signature]</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASSING, CARL	
STREET ADDRESS	100 BLUFF VIEW DR B-104	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770	

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: *Joseph Daddio* **1-14-02 299-9555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

60064076

Attachment

HARBOUR CLUB CONDOMINIUM NO. ONE, INC.

ADDITIONAL DIRECTOR TO BE ADDED TO BLOCK 11
2002 UNIFORM BUSINESS REPORT
DOCUMENT #716048

FEI NUMBER 59-1456357

ADDITION:

TITLE	DIRECTOR
NAME	ERHARD KUGEL
ADDRESS	100 BLUFF VIEW DRIVE B-108 BELLEAIR BLUFFS, FL 33770