

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90043 007 \*\*\*\*61.25

**DOCUMENT # 716048**

1. Entity Name

HARBOUR CLUB CONDOMINIUM NO. ONE, INC.



Principal Place of Business

100 BLUFF VIEW DR  
B-303  
BELLEAIR BLUFFS FL 33770  
US

Mailing Address

2880 SCHERER DRIVE  
840  
SAINT PETERSBURG FL 33716  
US



2. Principal Place of Business

3. Mailing Address

2870 Scherer Drive W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

St. Petersburg FL

Zip

Country

Zip

Country

33716

USA

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

CIANFRONE PA, JOSEPH R  
1988 BAYSHORE  
DUNEDIN FL 34698

NO change

Name

Street Address (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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE ☐ Delete  
NAME ANDREWS, WARREN  
STREET ADDRESS 100 BLUFF VIEW DR, #111  
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME JACOBS, LENORE  
STREET ADDRESS 100 BLUFF VIEW DR  
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE ☒ Change ☒ Addition  
NAME Erhard Kugel  
STREET ADDRESS 100 Bluffview Dr. #B-108  
CITY-ST-ZIP Belleair Beach, FL 33770

TITLE ☒ Delete  
NAME ARMSTRONG, SANDRA  
STREET ADDRESS 100 BLUFF VIEW DR #B-309  
CITY-ST-ZIP BELLAIR BLUFFS FL 33770

TITLE ☐ Change ☒ Addition  
NAME Joy Gray  
STREET ADDRESS 100 Bluffview Drive #B-301  
CITY-ST-ZIP Belleair Beach, FL 33770

TITLE ☐ Delete  
NAME HORTON, AL  
STREET ADDRESS 100 BLUFF VIEW DR #B-201  
CITY-ST-ZIP BELLAIR BLUFFS FL 33770

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME LUCENT, JOSEPH  
STREET ADDRESS 100 BLUFF VIEW DR B210  
CITY-ST-ZIP BELLEAIR BLUFF FL 33770

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME CARABALLO, ELIZABETH  
STREET ADDRESS 100 BLUFF VIEW DR #B-308  
CITY-ST-ZIP BELLAIR BLUFFS FL 33770

TITLE ☐ Change ☐ Addition  
NAME Peter Apostolou  
STREET ADDRESS 100 Bluffview Dr. #B-110  
CITY-ST-ZIP Belleair Beach, FL 33770

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06

Daytime Phone #