

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

## **FILED** Apr 02, 2007 8:00 am Secretary of State **DOCUMENT # 716048** 1. Entity Name 04-02-2007 90098 005 \*\*\*\*61.25 HARBOUR CLUB CONDOMINIUM NO. ONE, INC. Principal Place of Business Mailing Address 100 BLUFF VIEW DR BELLEAIR BLUFFS FL 33770 2870 SCHERER DRIVE N SUITE 100 SAINT PETERSBURG FL 33716 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1456357 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIANFRONE PA, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 1968 BAYSHORE **DUNEDIN FL 34698** 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 reuistating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete TIFLE TITLE Change Addition DALE GRAY ANDREWS, WARREN NAME NAME STREET ADDRESS 100 BLUF VIEW DR, #111 STREE1 ADDRESS CITY-ST-ZIP BELLEATR-BLUFFS FL 33770 CHY-ST-7P SUE KOUTSOURAIS IIIIE ☐ Delete TITLE SE. O. NAME NAME KUGEL, ERHARD 305 B STREET ADDRESS STREET ADORESS 100 BLUFFVIEW DR., #B-108 CITY-ST-ZIP CITY-ST-ZIP BELLEAIR BEACH FL 33770 TITLE ☐ Defete TITLE MANNY Koutsouris Change Addition ÑAME GRAY, JOY STREET ADDRESS STREET ADDRESS 100 BLUFFVIEW DR., #B-301 CITY-ST-7IP CITY-ST-ZIP **BELLEAIR BEACH FL 33770** TONY HANNAS HILE Τ+Ψ ∨.ρ. ☐ Delete TITLE ☐ Change ☐ Addition ۷. NAME HORTON, AL NAME STREET ADDRESS STREET ADORESS 100 BLUFF VIEW DR #B-201 CITY-ST-7IP CITY-S1-ZIP **BELLAIR BLUFFS FL 33770** THEF Deleie TITLE Addition LUCENT, JOSEPH NAME NAME STREET ADDRESS 100 BLUFF VISW DR B210 STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

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NAME

BELLEAIR BLUFF &L 33770

100 BLUFFVIEW DR., #B-110

BELLEAIR BEACH FL 33770

APOSOLO PETER

TOY TIRAY
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition