

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 716048

FILED  
Jan 08, 2003  
Secretary of State

**Entity Name:** HARBOUR CLUB CONDOMINIUM NO. ONE, INC.

**Current Principal Place of Business:**

100 BLUFF VIEW DR  
BELLEAIR BLUFFS, FL 33770 US

**New Principal Place of Business:**

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

**Current Mailing Address:**

2880 SCHERER DRIVE  
840  
SAINT PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 59-1456357      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CIANFRONE PA, JOSEPH R  
1968 BAYSHORE  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: ANDREWS, WARREN  
Address: 100 BLUFF VIEW DR, #111  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: SD ( ) Delete  
Name: ANTHONISEN, DORIS  
Address: 100 BLUFF VIEW DR B 209  
City-St-Zip: BELLEAIR BLUFFS, FL

Title: P ( ) Delete  
Name: DADDIO, JOSEPH  
Address: 100 BLUFF VIEW DR #303B  
City-St-Zip: BELLEAIR BLUFFS, FL

Title: T ( ) Delete  
Name: HANNAS, TONY  
Address: 10 INNESBROOK CT  
City-St-Zip: STILLSVILLE ONTARIO, CD

Title: D ( ) Delete  
Name: LUCENT, JOSEPH  
Address: 100 BLUFF VIEW DR B210  
City-St-Zip: BELLEAIR BLUFF, FL 33770

Title: D ( ) Delete  
Name: HASSING, CARL  
Address: 100 BLUFFVIEW DR B-104  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ERHARD KUGEL

D

01/08/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date