

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719848 (4)

1. Corporation Name

HARBOUR CLUB CONDOMINIUM NO. THREE, INC.



Principal Place of Business

Mailing Address

2753 STATE RD 580
STE 207
CLEARWATER FL 34621
US

2753 STATE RD 580
STE 207
CLEARWATER FL 34621
US

3. Date Incorporated or Qualified
12/14/1970

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWLEY, MARY
100 BLUFF VIEW DRIVE
#611C
BELLEAIR BLUFFS FL 34640

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SUNDELIUS, ROY
STREET ADDRESS 100 BLUFF VIEW DRIVE #610C
CITY-ST-ZIP BELLEAIR BLUFFS, FL00000

TITLE VD ☐ DELETE

NAME WALSH, BARBARA
STREET ADDRESS 100 BLUFF VIEW DR. 110C
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE SD ☐ DELETE

NAME POWLEY, MARY
STREET ADDRESS 100 BLUFF VIEW #611C
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE TD ☐ DELETE

NAME FOGARETY, ANNA
STREET ADDRESS 100 BLUFF VIEW DR. 109-C
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE D ☒ DELETE

NAME PRIESTMAN, LES
STREET ADDRESS 100 BLUFFVIEW DR. #501C
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE PD ☒ DELETE

NAME HEINZ, BOB
STREET ADDRESS 100 BLUFF VIEW #210C
CITY-ST-ZIP BELLEAIR BLUFFS FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

(813) 588-0355

Daytime Phone #

CR2E037 (12/95)