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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90172 042 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719848**

1. Corporation Name

**HARBOUR CLUB CONDOMINIUM NO. THREE, INC.**

Principal Place of Business

2753 STATE RD 580  
STE 207  
CLEARWATER FL 33761  
US

Mailing Address

2753 STATE RD 580  
STE 207  
CLEARWATER FL 33761  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/14/1970

4. FEI Number

23-7347656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

REARDON, MAUREEN C  
2753 STATE RD 580  
#207  
CLEARWATER FL 33761

10. Name and Address of New Registered Agent

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	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, BERNARD	
STREET ADDRESS	100 BLUFF VIEW DRIVE #610C	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUTTON, JACK	
STREET ADDRESS	100 BLUFF VIEW DRIVE #402C	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EATON, BARBARA	
STREET ADDRESS	100 BLUFF VIEW DRIVE, #406C	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEVENS, CARL	
STREET ADDRESS	100 BLUFF VIEW DRIVE, #115C	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLORA, STEVE	
STREET ADDRESS	100 BLUFF VIEW DRIVE, #214C	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, PETE	
STREET ADDRESS	100 BLUFF VIEW DRIVE, #514C	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	POWLEY, MARY	
1.3 STREET ADDRESS	100 BLUFF VIEW DRIVE #611C	
1.4 CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOLDSBY, RICHARD	
2.3 STREET ADDRESS	100 BLUFF VIEW DRIVE #403C	
2.4 CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NURSE, PAT	
3.3 STREET ADDRESS	100 BLUFF VIEW DRIVE #217C	
3.4 CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PETERSON, HARRY	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99

Date

727-586-2940

Daytime Phone #

CR2E037 (11/98)