

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90025 011 \*\*\*\*61.25

**DOCUMENT # 721108**

1. Entity Name

**HARBOUR HILL CONDOMINIUM APARTMENTS ASSOCIATION,**

Principal Place of Business

700 BEACH DRIVE, N.E.  
 ST. PETERSBURG FL 33701

Mailing Address

700 BEACH DRIVE, N.E.  
 ST. PETERSBURG FL 33701-2653



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

403

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

403

City & State

Zip

Country

4. FEI Number

59-1428703

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SUMNER, RICHARD G**  
**700 BEACH DR NE**  
**ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

same

Street Address (P.O. Box Number is 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.

SIGNATURE

*Richard G Sumner*

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

(NOTE: Registered Agent signature required when reinstating)

*1/31/00*

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARRERE, CHARLES	
STREET ADDRESS	700 BEACH DR NE #805	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CORDELL, DEE	
STREET ADDRESS	700 BEACH DR NE PH-1	
CITY-ST-ZIP	ST-PETERSBURG FL 33701	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUMNER, RICHARD	
STREET ADDRESS	700 BEACH DRIVE NE #302	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	STANTON, KAY	
STREET ADDRESS	700 BEACH DR NE 407	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORES, JOE	
STREET ADDRESS	700 BEACH DR NE, #806	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Mr. Terry Wilson	
STREET ADDRESS	700 Beach Dr. N.E.	
CITY-ST-ZIP	St. Petersburg	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mrs Betty Walton	
STREET ADDRESS	700 Beach Dr. N.E.	
CITY-ST-ZIP	St. Peterburg 33071	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Fleming	
STREET ADDRESS	700 Beach Dr. N.E.	
CITY-ST-ZIP	St. Petersburg	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Thurston	
STREET ADDRESS	700 Beach Dr. N.E.	
CITY-ST-ZIP	St. Petersburg 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Richard G Sumner* **SIGNATURE REQUIRED** **RICHARD G SUMNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/31/00*

Daytime Phone #

*896-9314*

CR2E037 (9/99)