

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90061 009 ****61.25

DOCUMENT # 721108

1. Entity Name
HARBOUR HILL CONDOMINIUM APARTMENTS ASSOCIATION,

Principal Place of Business 700 BEACH DRIVE. N.E. #403 ST. PETERSBURG FL 33701	Mailing Address 700 BEACH DRIVE. N.E. #403 ST. PETERSBURG FL 33701
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AU023342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 700 BEACH DR NE Suite, Apt. #, etc.	3. Mailing Address 700 BEACH DR NE Suite, Apt. #, etc.
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City & State ST PETERSBURG FL	City & State ST PETERSBURG FL	4. FEI Number 59-1428703	Applied For <input type="checkbox"/> Not Applicable
Zip 33701-2646	Country USA	Zip 33701-2646	Country USA

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 **JOAN KARINS**
 Street Address (P.O. Box Number is Not Acceptable)
700 BEACH DR NE
 City **ST PETERSBURG** FL Zip Code **33701-2646**

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 Joan R. Karins
 Signature, typed or printed name of registered agent and title if applicable.

2/2/01
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	SD FLEMING, JEAN 700 BEACH DR NE ST PETERSBURG FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORDELL, DEE 700 BEACH DR NE PH-1 ST PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUMNER, RICHARD 700 BEACH DRIVE NE #302 ST PETERSBURG FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANTON, KAY 700 BEACH DR NE 407 ST PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, BETTY 700 BEACH DR NE ST PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURSTON, ELIZABETH 700 BEACH DR NE SAINT PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOAN KARINS 700 BEACH DR NE ST PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD MERRIMAN 700 BEACH DR NE ST PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERRY WILSON 700 BEACH DR NE ST PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBET MAXWELL 700 BEACH DR NE ST PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABETTE PEAVY 700 BEACH DR NE ST PETERSBURG FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: SIGNATURE REQUIRED Joan R. Karins 2/2/01 (727) 864-8313
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)