

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90289 048 ****61.25

DOCUMENT # 721108

1. Entity Name

HARBOUR HILL CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

700 BEACH DRIVE, N.E.
 SAINT PETERSBURG FL 33701-2646

700 BEACH DRIVE, N.E.
 SAINT PETERSBURG FL 33701-2646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1428703

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARINS, JOAN
700 BEACH DR NE
SAINT PETERSBURG FL 3370-2646

Name

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **FLEMING, JEAN**
 STREET ADDRESS **700 BEACH DR NE**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **KARINS, JOAN**
 STREET ADDRESS **700 BEACH DR NE**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WILSON, TERRY**
 STREET ADDRESS **700 BEACH DR NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **STANTON, KAY**
 STREET ADDRESS **700 BEACH DR NE 407**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MAXWELL, HERBERT**
 STREET ADDRESS **700 BEACH DR NE**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PEAVY, BABBETTE**
 STREET ADDRESS **700 BEACH DR NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE Change 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: SIGNATURE REQUIRED **Joan R. Karins** 1/22/02 727-864-8313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/01)