


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90054 035 \*\*\*\*61.25

<b>DOCUMENT # 721108</b>					
1. Entity Name HARBOUR HILL CONDOMINIUM APARTMENTS ASSOCIATION, INC.					
Principal Place of Business 700 BEACH DRIVE, N.E. SAINT PETERSBURG, FL 33701-2646		Mailing Address 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			
Zip	Country	Zip	Country	4. FEI Number 59-1428703	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="radio"/> <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTORO, LINDA J		NAME	RICHARD MERRIMAN	
STREET ADDRESS	700 BEACH DR NE		STREET ADDRESS	700 BEACH DR. NE	
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARINS, JOAN		NAME		
STREET ADDRESS	700 BEACH DR NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, KAY		NAME		
STREET ADDRESS	700 BEACH DR NE 407		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, HERBERT		NAME		
STREET ADDRESS	700 BEACH DR NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAVY, BABBETTE		NAME		
STREET ADDRESS	700 BEACH DR NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVINESS, ANN N		NAME		
STREET ADDRESS	700 BEACH DR. NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		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: <i>A.N. Caviness</i>		ANN CAVINESS, TREASURER		3/29/04 227 502-0870	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	