

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724873** (5)

1. Corporation Name

HARBOR BLUFFS OWNERS' ASSOCIATION, INC.



Principal Place of Business

**2985 WEST BAY DR.
BELLEAIR BLUFFS FL 34640
US**

Mailing Address

**2985 WEST BAY DRIVE
BELLEAIR BLUFFS FL 34640
US**

3. Date Incorporated or Qualified
11/27/1972

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-0816976

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINDER, NICOLA
2985 WEST BAY DRIVE
LARGO FL 34640**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETERSON, CRISTEN	
STREET ADDRESS	109 LIVE OAK LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, REID	
STREET ADDRESS	119 LIVE OAK LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KASPER, JANET	
STREET ADDRESS	110 PALMETTO LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURPHY, BILL	
STREET ADDRESS	300 CRESTWOOD LANE	
CITY-ST-ZIP	LARGO, FLORIDA 34640	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIRSHON, MAYNARD	
STREET ADDRESS	114 PALMETTO LANE	
CITY-ST-ZIP	LARGO, FLORIDA 34640	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHERMAN, BARBARA	
STREET ADDRESS	106 PALMETTO LANE	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dana Eschenroeder
1.3 STREET ADDRESS	311 Palmetto Lane
1.4 CITY-ST-ZIP	Largo, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brad Crouch
2.3 STREET ADDRESS	508 Palm Drive
2.4 CITY-ST-ZIP	Largo, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPD
3.3 STREET ADDRESS	Richard Bialor
3.4 CITY-ST-ZIP	414 Buttonwood Lane
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)