

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # 724873 (5)

1. Corporation Name

HARBOR BLUFFS OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2985 WEST BAY DR.
BELLEAIR BLUFFS FL 34640
US2985 WEST BAY DRIVE
BELLEAIR BLUFFS FL 33770-2621
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/27/1972

3a. Date of Last Report

03/06/1996

4. FEI Number

59-0816976

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name MCCONNELL, NICOLA

82 Street Address (P.O. Box Number is Not Acceptable)
2985 WEST BAY DR.

83

84 City BELLEAIR BLUFFS FL 85 Zip Code 33770

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 Nicola McConnell.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PETERSON, CRISTEN
STREET ADDRESS 109 LIVE OAK LANE
CITY-ST-ZIP LARGO FL ☐ DELETETITLE D
NAME ALEXANDER, REID
STREET ADDRESS 119 LIVE OAK LANE
CITY-ST-ZIP LARGO FL ☐ DELETETITLE TD
NAME CROUCH, BRAD
STREET ADDRESS 508 PALM DR
CITY-ST-ZIP LARGO FL ☐ DELETETITLE SD
NAME MURPHY, BILL
STREET ADDRESS 300 CRESTWOOD LANE
CITY-ST-ZIP LARGO, FLORIDA 34640 ☐ DELETETITLE D
NAME HIRSHON, MAYNARD
STREET ADDRESS 114 PALMETTO LANE
CITY-ST-ZIP LARGO, FLORIDA 34640 ☐ DELETETITLE VPD
NAME BIALOR, RICHARD
STREET ADDRESS 414 BUTTONWOOD LANE
CITY-ST-ZIP LARGO FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME PETER BURGESS
1.3 STREET ADDRESS 56 N. PINE CIRCLE
1.4 CITY-ST-ZIP BELLEAIR, FL ☐ Change ☒ Addition2.1 TITLE ESCHENROEDER, DANA - D
2.2 NAME
2.3 STREET ADDRESS 311 PALMETTO LANE
2.4 CITY-ST-ZIP LARGO, FL ☐ Change ☒ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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: X [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049564

CR2E037 (9/96)