

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US

2985 WEST BAY DRIVE
BELLEAIR BLUFFS FL 34640
US

3. Date Incorporated or Qualified

11/27/1972

4. FEI Number

59-0816976

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2181 Indian Rocks Rd.

26 2181 Indian Rocks Rd. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

27 Suite 1

City & State

City & State

23 Largo FL

28 Largo FL

Zip

Country

Zip

Country

24 33774

25 Pinellas

29 33774

30 Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCONNELL, NICOLA
2985 WEST BAY DR.
BELLEAIR BLUFFS FL 33770

81 Name

Nicola McConnell

82 Street Address (P.O. Box Number is Not Acceptable)

2181 Indian Rocks Rd. S., Suite 1

83

84 City

Largo

FL

85 Zip Code

33778

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

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	TD	<input type="checkbox"/> DELETE
NAME	CROUCH, BRAD	
STREET ADDRESS	508 PALM DR	
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	D	<input type="checkbox"/> DELETE
NAME	HIRSHON, MAYNARD	
STREET ADDRESS	114 PALMETTO LANE	
CITY-ST-ZIP	LARGO, FLORIDA 34640	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BIALOR, RICHARD	
STREET ADDRESS	414 BUTTONWOOD LANE	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Koutney, Donna	
1.3 STREET ADDRESS	Palmetto Lane	
1.4 CITY-ST-ZIP	Largo, FL	

2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Burgess, Peter	
2.3 STREET ADDRESS	216 Poinciana Lane	
2.4 CITY-ST-ZIP	Largo, FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eschenroeder, Dana	
3.3 STREET ADDRESS	Palmetto Lane	
3.4 CITY-ST-ZIP	Largo, FL	

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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bialor, Richard	
6.3 STREET ADDRESS	216 Poinciana Lane	
6.4 CITY-ST-ZIP	Largo, FL	

14. 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 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:  REQUIRED

1/21/98 584-6695

CR2E037 (10/97)