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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724873

1. Corporation Name

HARBOR BLUFFS OWNERS' ASSOCIATION, INC.

Principal Place of Business

2181 INDIAN ROCKS RD
SUITE 1
LARGO FL 33774
US

Mailing Address

2181 INDIAN ROCKS RD
SUITE 1
LARGO FL 33774
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/27/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0816976
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	
24	30	

9. Name and Address of Current Registered Agent

MCCONNELL, NICOLA
2181 INDIAN ROCKS RD S SUITE 1
LARGO FL 33778

10. Name and Address of New Registered Agent

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	D/S <input type="checkbox"/> DELETE	1.1 TITLE	D DR. MARTY LANDRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOUTNEY, DONNA	1.2 NAME	106 HARBOR VIEW LANE
STREET ADDRESS	PALMETTO LANE	1.3 STREET ADDRESS	LARGO, FL
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D GEORGE KISH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, PETER	2.2 NAME	132 PALMETTO LANE
STREET ADDRESS	216 POINCIANNA LANE	2.3 STREET ADDRESS	LARGO, FL
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D. STEVE JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESCHENROEDER, DANA	3.2 NAME	105 POINCIANNA LANE
STREET ADDRESS	PALMETTO LANE	3.3 STREET ADDRESS	LARGO, FL
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD. Brad Crouch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, BILL	4.2 NAME	Palm Drive
STREET ADDRESS	300 CRESTWOOD LANE	4.3 STREET ADDRESS	Largo, FL
CITY-ST-ZIP	LARGO, FLORIDA 34640	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DP CRIS PETERSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRSHON, MAYNARD	5.2 NAME	PALMETTO LANE
STREET ADDRESS	114 PALMETTO LANE	5.3 STREET ADDRESS	LARGO, FL
CITY-ST-ZIP	LARGO, FLORIDA 34640	5.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D REID ALEXANDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIALOR, RICHARD	6.2 NAME	LIVE OAK LANE
STREET ADDRESS	216 POINCIANA LANE	6.3 STREET ADDRESS	LARGO, FL
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

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, 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/22/99

Date

Daytime Phone #

CR2E037 (1/98)