

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724873

1. Entity Name

HARBOR BLUFFS OWNERS' ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90119 045 ****61.25

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 2181 INDIAN ROCKS RD SUITE 1 LARGO FL 33774 US | 2181 INDIAN ROCKS RD SUITE 1 LARGO FL 33774-1098 US |

| | |
|--------------------------------|--------------------|
| 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 | Applied For |
| 59-0816976 | Not Applicable |

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

| |
|---|
| 6. Name and Address of Current Registered Agent |
| MCCONNELL, NICOLA 2181 INDIAN ROCKS RD S SUITE 1 LARGO FL 33778 |

| | | |
|--|----|----------|
| 7. Name and Address of New Registered Agent | | |
| 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.

| | | | |
|-----------|---|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|--|------|

| | | | |
|-----------------------------|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | DS <input checked="" type="checkbox"/> Delete |
| NAME | KOUTNEY, DONNA |
| STREET ADDRESS | PALMETTO LANE |
| CITY-ST-ZIP | LARGO FL |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | BURGESS, PETER |
| STREET ADDRESS | 216 POINCIANNA LANE |
| CITY-ST-ZIP | LARGO FL |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | JAMES, STEVE |
| STREET ADDRESS | 105 POINCIASA LANE |
| CITY-ST-ZIP | LARGO FL |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | CROUCH, BRAD |
| STREET ADDRESS | PALM DRIVE |
| CITY-ST-ZIP | LARGO FL |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | HIRSHON, MAYNARD |
| STREET ADDRESS | 114 PALMETTO LANE |
| CITY-ST-ZIP | LARGO, FLORIDA 34640 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | ALEXANDER, REID |
| STREET ADDRESS | LIVE OAK LANE |
| CITY-ST-ZIP | LARGO FL |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cris Peterson |
| STREET ADDRESS | 109 LIVE OAK LANE |
| CITY-ST-ZIP | LARGO, FL 33770 |
| TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sue Dudenhoefer |
| STREET ADDRESS | 207 ORANGEWOOD LANE |
| CITY-ST-ZIP | LARGO, FL 33770 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bob Rice |
| STREET ADDRESS | 114 DRIFTWOOD LANE |
| CITY-ST-ZIP | LARGO, FL 33770 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Diane Morse |
| STREET ADDRESS | 304 HARBOR VIEW LANE |
| CITY-ST-ZIP | LARGO, FL 33770 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | George Kish |
| STREET ADDRESS | 132 PALMETTO LANE |
| CITY-ST-ZIP | LARGO, FL 33770 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kinnear Smith |
| STREET ADDRESS | 213 ORANGEWOOD LANE |
| CITY-ST-ZIP | LARGO, FL 33770 |

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: <u>SIGNATURE REQUIRED</u> | 2-1-00 | Date | Daytime Phone # |
|--------------------------------------|--------|------|-----------------|

CR2E037 (9/99)