

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724873

1. Entity Name

HARBOR BLUFFS OWNERS' ASSOCIATION, INC.

FILED

Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90180 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

181 INDIAN ROCKS RD  
SUITE 1  
LARGO FL 33774  
US

2181 INDIAN ROCKS RD  
SUITE 1  
LARGO FL 33774  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0816976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, CINDY	
STREET ADDRESS	2181 INDIAN ROCKS RD	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUDENHOEFER, SUE	
STREET ADDRESS	207 ORANGEWOOD LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, BOB	
STREET ADDRESS	114 DRIFT WOOD LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CROUCH, BRAD	
STREET ADDRESS	PALM DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSHON, MAYNARD	
STREET ADDRESS	114 PALMETTO LANE	
CITY-ST-ZIP	LARGO, FLORIDA 34640	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KISH, GEORGE	
STREET ADDRESS	2181 INDIAN ROCKS RD	
CITY-ST-ZIP	LARGO FL 33774	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARA Kivett	
STREET ADDRESS	306 LIVE OAK LN.	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Bill Stafford	
STREET ADDRESS	206 Harbor View Ln.	
CITY-ST-ZIP	Largo, FL 33770	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 584-6695

Date

Daytime Phone #

CR2E037 (9/01)