

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0086194

DOCUMENT # 724873

1. Entity Name  
**HARBOR BLUFFS OWNERS' ASSOCIATION, INC.**



FILED

03 MAR 26 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **59-0816976**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>THOMAS, CINDY</b>        |  |
| STREET ADDRESS | <b>2181 INDIAN ROCKS RD</b> |  |
| CITY-ST-ZIP    | <b>LARGO FL 33774</b>       |  |
| TITLE          | <b>VPD</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>DUDENHOEFER, SUE</b>     |  |
| STREET ADDRESS | <b>207 ORANGEWOOD LANE</b>  |  |
| CITY-ST-ZIP    | <b>LARGO FL 33770</b>       |  |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>RICE, BOB</b>            |  |
| STREET ADDRESS | <b>114 DRIFT WOOD LANE</b>  |  |
| CITY-ST-ZIP    | <b>LARGO FL 33770</b>       |  |
| TITLE          | <b>TD</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>CROUCH, BRAD</b>         |  |
| STREET ADDRESS | <b>PALM DRIVE</b>           |  |
| CITY-ST-ZIP    | <b>LARGO FL</b>             |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>HIRSHON, MAYNARD</b>     |  |
| STREET ADDRESS | <b>114 PALMETTO LANE</b>    |  |
| CITY-ST-ZIP    | <b>LARGO, FLORIDA 34640</b> |  |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>SMITH, KINNEAR</b>       |  |
| STREET ADDRESS | <b>213 ORANGEWOOD LANE</b>  |  |
| CITY-ST-ZIP    | <b>LARGO FL 33770</b>       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                     |   |
|----------------|-------------------------------------|---|
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>500015172625</b>                 |   |
| STREET ADDRESS | <b>04/02/03--01043--025 **61.25</b> |   |
| CITY-ST-ZIP    |                                     |   |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                     |   |
| STREET ADDRESS |                                     |   |
| CITY-ST-ZIP    |                                     |   |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                     |   |
| STREET ADDRESS |                                     |   |
| CITY-ST-ZIP    |                                     |   |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                     |   |
| STREET ADDRESS |                                     |   |
| CITY-ST-ZIP    |                                     |   |
| 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**

3-20-03

CR2E037 (10/02)