

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90195 012 ****61.25

DOCUMENT # 747773

1. Entity Name

THE HARBOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1591 GULF BLVD
 CLEARWATER FL 34630**

Mailing Address

**103 CLEVELAND AVE. SW
 LARGO FL 33770**

C0012839



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1992412

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

**RESOURCE PROPERTY MANAGEMENT
 103 CLEVELAND AVE. SW
 LARGO FL 33770**

Name
DOROTHY THOMAS
 Street Address (P.O. Box Number is Not Acceptable)
10 RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE. S.W.
 City **LARGO** FL Zip Code **33770**

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 **DOROTHY THOMAS**

Dorothy Thomas

1/22/01

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 NAME	VPD BROWN, LLOYD J COL.	<input type="checkbox"/> Delete
STREET ADDRESS	1581 GULF BLVD 604S	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE NAME	D MERRICKS, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	1581 GULF BLVD 204N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME	TD FENTON, HAROLD	<input type="checkbox"/> Delete
STREET ADDRESS	1581 GULF BLVD #604N	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE NAME	PD FERREE, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	1591 GULF BLVD #305S	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE NAME	SD BARCELONA, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	1591 GULF BLVD #504S	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Harold Fenton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)