



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90083 042 \*\*\*\*61.25

|   |                            |  |  |  |  |
|---|----------------------------|--|--|--|--|
| <b>DOCUMENT # 747773</b>  |                            |  |  |         |  |
| 1. Entity Name<br>THE HARBOUR CONDOMINIUM ASSOCIATION, INC.   |                            |  |  |  |  |
| Principal Place of Business<br>1591 GULF BLVD<br>CLEARWATER, FL 34630   |                            | Mailing Address<br>7300 PARK<br>SEMINOLE, FL 33777                               |  |  |  |
| 2. Principal Place of Business  |                            | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |                            | Suite, Apt. #, etc.  |  |  |  |
| City & State  |                            | City & State   |  | 4. FEI Number<br>59-1992412  |  |
| Zip   |                            | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                            |  | 7. Name and Address of New Registered Agent                        |  |  |
| THOMAS, DOROTHY<br>7300 PARK S<br>SEMINOLE, FL 33777  |                            |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                            |  |  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees  |  |
|   |                            |  |  | Make check payable to Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10              |  |  |
| TITLE   | VPD                        | <input checked="" type="checkbox"/> Delete                                       | TITLE  | IP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | BROWN, LLOYD J COL.        |  | NAME   | Bunke, Frank   |  |
| STREET ADDRESS  | 1581 GULF BLVD 604S        |  | STREET ADDRESS   | 1591 Gulf Blvd   |  |
| CITY-ST-ZIP   | CLEARWATER, FL 33767       |  | CITY-ST-ZIP  | Clearwater, FL 33767   |  |
| TITLE   | D                          | <input checked="" type="checkbox"/> Delete                                       | TITLE  | JP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | JUNESA, DAVIE              |  | NAME   | Pratenentis, Ken   |  |
| STREET ADDRESS  | 1581 GULF BLVD., #303      |  | STREET ADDRESS   | 1591 Gulf Blvd #303  |  |
| CITY-ST-ZIP   | CLEARWATER BEACH, FL 33767 |  | CITY-ST-ZIP  | Clearwater, FL 33767   |  |
| TITLE   | SD                         | <input checked="" type="checkbox"/> Delete                                       | TITLE  | SD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | FENTON, HAROLD             |  | NAME   | Ferree, Barbara  |  |
| STREET ADDRESS  | 1581 GULF BLVD., #604      |  | STREET ADDRESS   | 1591 Gulf Blvd   |  |
| CITY-ST-ZIP   | CLEARWATER BEACH, FL 33767 |  | CITY-ST-ZIP  | Clearwater, FL 33767   |  |
| TITLE   | PD                         | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | FERREE, BARBARA            |  | NAME   |  |  |
| STREET ADDRESS  | 1591 GULF BLVD #305S       |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | CLEARWATER, FL 33767       |  | CITY-ST-ZIP  |  |  |
| TITLE   | TD                         | <input type="checkbox"/> Delete  | TITLE  | IP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | EDINGER, JAMES             |  | NAME   | Fenton, Harold   |  |
| STREET ADDRESS  | 1581 GULF BLVD., #302      |  | STREET ADDRESS   | 1581 Gulf Blvd #604  |  |
| CITY-ST-ZIP   | CLEARWATER BEACH, FL 33767 |  | CITY-ST-ZIP  | Clearwater, FL 33767   |  |
| TITLE   |                            | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                            |  | NAME   |  |  |
| STREET ADDRESS  |                            |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                            |  | 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:   |                            | Date   |  | Daytime Phone #  |  |