

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90124 013 ****61.25

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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**

10000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7300 PARK

City & State

City & State

SEMINOLE, FL

4. FEI Number **59-1992412**

Applied For

Not Applicable

Zip

Country

Zip

Country

33777

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, DOROTHY
C/O RESOURSE PROPERTY MANAGEMENT
103 CLEVELAND AVE. SW
LARGO FL 33770**

Name

Street Address (P.O. Box Number is Not Acceptable)

7300 PARK ST.

City

SEMINOLE

FL

Zip Code

33777

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

Dorothy Thomas

2/17/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
NAME **BROWN, LLOYD J COL.**
STREET ADDRESS **1581 GULF BLVD 604S**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MERRICKS, BOB**
STREET ADDRESS **1581 GULF BLVD 204N**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** Change Addition
NAME **JUNEJA, DAVE**
STREET ADDRESS **1581 GULF BLVD. # 303**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **TD** Delete
NAME **FENTON, HAROLD**
STREET ADDRESS **1581 GULF BLVD #604N**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **SD** Change Addition
NAME **FENTON, HAROLD**
STREET ADDRESS **1581 GULF BLVD. # 604**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **PD** Delete
NAME **FERREE, BARBARA**
STREET ADDRESS **1591 GULF BLVD #305S**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **BARCELONA, MARY**
STREET ADDRESS **1591 GULF BLVD #504S**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **TD** Change Addition
NAME **EDINGER, JAMES**
STREET ADDRESS **1591 GULF BLVD. # 302**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Barbara Ferree* **BARBARA FERREE** **2/17/03** **727-581-2662**

CR2E037 (10/02)