

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721108

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC3409931459**

**Entity Name:** HARBOUR HILL CONDOMINIUM APARTMENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

700 BEACH DRIVE, N.E.  
SAINT PETERSBURG, FL 33701-2646

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 59-1428703

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST, INC  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

*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:** DENNIS MANSFIELD

04/25/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEONARD, JAMES  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            GHARRITY, ANN JANET  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            HUPRICH, PAUL  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            MARTINEZ, JOSE J  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            CARTER, CHASE  
Address        9887 FOURTH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES LEONARD

**PRESIDENT**

04/25/2018

Electronic Signature of Signing Officer/Director Detail

Date