

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724873

**Entity Name:** HARBOR BLUFFS OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2181 INDIAN ROCKS RD  
SUITE 1  
LARGO, FL 33774**Current Mailing Address:**2181 INDIAN ROCKS RD  
SUITE 1  
LARGO, FL 33774 US**FEI Number:** 59-0816976**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCONNELL, NICOLA  
2181 INDIAN ROCKS RD S SUITE 1  
LARGO, FL 33778 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/TREASURER  
Name CROUCH, BRAD  
Address PALM DRIVE  
City-State-Zip: LARGO FL

Title DIRECTOR, SECRETARY  
Name JAMES, MYRA  
Address POINCIANA LANE  
City-State-Zip: LARGO FL 33770

Title D/PRESIDENT  
Name CURRY, LEE  
Address HICKORY LANE  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name JOSWIG, MARY MARGARET  
Address LIVE OAK LANE  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name KIVETT, TARA  
Address LIVE OAK LANE  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name SPRANG, C.J.  
Address ORANGEWOOD LANE  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name CHOWDHURY, SUSANTI DR.  
Address DRIFTWOOD LANE  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name SHEETS, DARLENE  
Address PALMETTO LANE  
City-State-Zip: LARGO FL 33770

**Continues on page 2**

*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: BRAD CROUCH****TREASURER****02/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BUDAJ, DEBORAH
Address	CRESTWOOD LANE
City-State-Zip:	LARGO FL 33770