

2014 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	DIRECTOR
Name	MCCLELLAND, JOHN
Address	PALM DRIVE
City-State-Zip:	LARGO FL 33770

Title	D
Name	DUDENHOEFER, SUE
Address	207 ORANGEWOOD LANE
City-State-Zip:	LARGO FL 33770

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

Title	D
Name	STAFFORD, WILLIAM DR
Address	HARBOR VIEW LANE
City-State-Zip:	LARGO FL 33770

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

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

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: LEE CURRY**PRESIDENT****03/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date