

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90001 044 ****61.25

DOCUMENT # 701976

1. Entity Name
**HARBOR HILLS PROPERTY OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**P.O. BOX 1121
LARGO, FL 33779**

Mailing Address
**P.O. BOX 1121
LARGO, FL 33779**

11000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182003

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-6174810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COBB, JERRY C ESQUIRE
501 S. FT. HARRISON AVENUE
SUITE 206
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWE, RON 1691 HARBOR CIRCLE E. LARGO, FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCFADDEN, MICHAEL 4490 CLEARWATER HARBOR DR. LARGO, FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONE, DON 3872 HARBOR HILLS DR LARGO, FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, PEGGY 3716 MCKAY CREEK DR LARGO, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, BETTY 1873 CLEARWATER HARBOR DR. LARGO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JAMES 1694 MCKAY CREEK LARGO, FL 33770	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Bonnie Wilson 3697 Shady Bluff DR LARGO, FL 33770	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Betty Downey 1873 Clearwater Harbor DR LARGO, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Betty Bowersox 1669 Clearwater Harbor DR LARGO, FL 33770	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SACK Riley 4264 Harbor Circle S. LARGO, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Betty Bowersox* **Betty Bowersox**

5-25-04

727-586-1167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #