# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#719848** 

FILED Jan 16, 2009 Secretary of State

Entity Name: HARBOUR CLUB CONDOMINIUM NO. THREE, INC.

Current Principal Place of Business: New Principal Place of Business:

4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US

Current Mailing Address: New Mailing Address:

4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US

FEI Number: 23-7347656 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 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:

- Flateria Circulus (Basistand Assat

# Electronic Signature of Registered Agent

#### Date

### **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition
Name: SJOLIE, FRANK
Address: 100 PLLIEF VIEW DR #606C

 Address:
 100 BLUFF VIEW DR #606C
 Address:
 100 BLUFF VIEW DR #606C

 City-St-Zip:
 BELLEAIR BLUFFS, FL 33770
 City-St-Zip:
 BELLEAIR BLUFFS, FL 33770

Title: SD ( ) Delete Title: VP (X) Change ( ) Addition

Name: ROGERS, ALICE Name: SMIGEL, VICK

Address: 100 BLUFF VIEW DR #607C Address: 100 BLUFF VIEW DR #511C City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D ( ) Delete Title: SEC (X) Change ( ) Addition

Name: GERARD, BOB Name: ROGERS, ALICE

Address: 100 BLUFF VIEW DRIVE #108C Address: 100 BLUFF VIEW DRIVE #607C City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770

City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770

 Title:
 TD
 ( ) Delete
 Title:
 TRE
 (X) Change ( ) Addition

 Name:
 MEDEIROS, SHEILA
 Name:
 MEDEIROS, SHEILA

 Address:
 100 BLUFF VIEW DR #509C
 Address:
 100 BLUFF VIEW DR #509C

City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770

 $\label{eq:title:title:title:title:D} \textit{Title:} \quad \textit{D} \quad \textit{(X) Change () Addition}$ 

Name: SMIGEL, VICK Name: GERARD, BOB

Address: 100 BLUFF VIEW DRIVE #511C Address: 100 BLUFF VIEW DRIVE #108C City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: HELLSEN, JUNE Name: RUSSELL, MARYLYN

Address: 100 BLUFF VIEW DRIVE #502C Address: 100 BLUFF VIEW DRIVE #102C City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK SJOLIE P 01/16/2009