FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724873 (5)

1. Corporation Name

HARBOR BLUFFS OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2985 WEST BAY DR. BELLEAIR BLUFFS FL 34640 US	2985 WEST BAY DRIVE BELLEAIR BLUFFS FL 34640 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1972
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-0816976 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WINDER, NICOLA 2985 WEST BAY DRIVE LARGO FL 34640	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	☐ Change ☒ Addition (NEW)
NAME	~~TAVE, SAUL~~	1.2 NAME	Treasurer/Director
STREET ADDRESS	~~426 HARBOR VIEW LANE~~	1.3 STREET ADDRESS	Cristen Peterson
CITY-ST-ZIP	~~LARGO, FLORIDA 34640~~	1.4 CITY-ST-ZIP	109 Live Oak Lane, Largo, FL 34640
TITLE	D	2.1 TITLE	☐ Change ☒ Addition (NEW)
NAME	ALEXANDER, REID	2.2 NAME	Director
STREET ADDRESS	119 LIVE OAK LANE	2.3 STREET ADDRESS	Charlie Behr
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	318 Buttonwood Lane Largo, Fl 34640
TITLE	SD	3.1 TITLE	☐ Change ☒ Addition (NEW)
NAME	KASPER, JANET	3.2 NAME	Director
STREET ADDRESS	110 PALMETTO LANE	3.3 STREET ADDRESS	Richard Bialor
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	414 Buttonwood Lane Largo, FL 34640
TITLE	~~D~~	4.1 TITLE	☒ Change ☐ Addition
NAME	~~EBERLEIN, DIANE~~	4.2 NAME	Director
STREET ADDRESS	~~511 PALM DRIVE~~	4.3 STREET ADDRESS	Bill Murphy
CITY-ST-ZIP	~~LARGO, FLORIDA 34640~~	4.4 CITY-ST-ZIP	300 Crestwood Lane, Largo, Fla.
TITLE	~~TD~~	5.1 TITLE	☒ Change ☐ Addition
NAME	~~BOHLANDER, JEFF~~	5.2 NAME	Vice President/Director
STREET ADDRESS	~~400 HARBOR VIEW LANE~~	5.3 STREET ADDRESS	Maynard Hirshon
CITY-ST-ZIP	~~LARGO, FLORIDA 34640~~	5.4 CITY-ST-ZIP	114 Palmetto Lane, Largo, FL
TITLE	~~VPD~~ President/Director	6.1 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, BARBARA	6.2 NAME	
STREET ADDRESS	106 PALMETTO LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Barbara Sherman 2/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066001