2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90032 035 ****61.25

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1. Entity Name
HARBOR BLUFFS OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2181 INDIAN ROCKS RD SUITE 1 LARGO, FL 33774 US	2181 INDIAN ROCKS RD SUITE 1 LARGO, FL 33774 US

J00007152

01132005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-0816976
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCONNELL, NICOLA
2181 INDIAN ROCKS RD S SUITE 1
LARGO, FL 33778

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMAS, CINDY
STREET ADDRESS	2181 INDIAN ROCKS RD
CITY-ST-ZIP	LARGO, FL 33774
TITLE	VPD
NAME	DUDENHOEFER, SUE
STREET ADDRESS	207 ORANGEWOOD LANE
CITY-ST-ZIP	LARGO, FL 33770
TITLE	TD
NAME	CROUCH, BRAD
STREET ADDRESS	PALM DRIVE
CITY-ST-ZIP	LARGO, FL
TITLE	D
NAME	HIRSHON, MAYNARD
STREET ADDRESS	114 PALMETTO LANE
CITY-ST-ZIP	LARGO, FLORIDA 34640,
TITLE	D
NAME	SMITH, KINNEAR
STREET ADDRESS	213 ORANGEWOOD LANE
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #