


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 724873	
1. Entity Name HARBOR BLUFFS OWNERS' ASSOCIATION, INC.	

Principal Place of Business 2181 INDIAN ROCKS RD SUITE 1 LARGO, FL 33774 US	Mailing Address 2181 INDIAN ROCKS RD SUITE 1 LARGO, FL 33774 US
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DO NOT WRITE IN THIS SPACE



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0816976	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCONNELL, NICOLA 2181 INDIAN ROCKS RD S SUITE 1 LARGO, FL 33778
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CINDY 2181 INDIAN ROCKS RD LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUDENHOEFER, SUE 207 ORANGEWOOD LANE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROUCH, BRAD PALM DRIVE LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSHON, MAYNARD 114 PALMETTO LANE LARGO, FLORIDA 34640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KINNEAR 213 ORANGEWOOD LANE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/07/06-80020-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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: 	2/21/06 (727) 584-6695
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>