

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2008 8:00 am**  
**Secretary of State**

06-24-2008 90001 033 \*\*\*\*61.25

**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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06192008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, GINBY cindi	
STREET ADDRESS	2181 INDIAN ROCKS RD	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUDENHOEFER, SUE	
STREET ADDRESS	207 ORANGEWOOD LANE	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CROUCH, BRAD	
STREET ADDRESS	PALM DRIVE	
CITY-ST-ZIP	LARGO, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIRSHON, MAYNARD	
STREET ADDRESS	114 PALMETTO LANE	
CITY-ST-ZIP	LARGO, FLORIDA 34640,	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, KINNEAR	
STREET ADDRESS	213 ORANGEWOOD LANE	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stafford, Dr. William	
STREET ADDRESS	Harbor View Lane	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Munro, Jennifer	
STREET ADDRESS	Live Oak Ln.	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bower, Megan	
STREET ADDRESS	Harbor View Lane	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Curry	
STREET ADDRESS	Hickory Lane	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/17/08