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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **729785** (6)

1. Corporation Name
HARBOR BLUFFS WATERFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
500 NORTH OSCEOLA AVENUE CLEARWATER FL 34615
C/O RESOURCE PROPERTY MANAGEMENT 1601 EAST BAY DR., #5 LARGO FL 34641 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/29/1974** 3a. Date of Last Report **03/04/1994**
4. FEI Number **59-1734957** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **103 CLEVELAND AV. SW.**
22 City & State 27 Suite, Apt. #, etc.
23 **LARGO, FL** 28 City & State
24 Zip 25 Country 29 **34640** 30 **FLORIDA**

9. Name and Address of Current Registered Agent
**HAUSER, RICHARD B
1601 E. BAY DRIVE, #4
LARGO FL 34641**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **103 CLEVELAND AV. S.W.**
83
84 City **LARGO** 85 State **FL** 86 Zip Code **34640**

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, of 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 *Richard B Hauser* DATE **2/15/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BENO, JOSEPH
STREET ADDRESS	500 N. OSCEOLA AVE., #305
CITY-ST-ZIP	CLEARWATER FL
TITLE	DS
NAME	GLESON, SUSANNE
STREET ADDRESS	500 N. OSBORN AVE., #408
CITY-ST-ZIP	CLEARWATER FL
TITLE	T
NAME	BENO, AGNES
STREET ADDRESS	500 N. OSCEOLA AVE., #305
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	BURDETTE, HARRY
STREET ADDRESS	500 N OSCEOLA AVE., #405
CITY-ST-ZIP	CLEARWATER FL
TITLE	DVP
NAME	ANDERSON, W. D
STREET ADDRESS	500 N. OSCEOLA AVE., #605
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	RYBACK, DANIEL
STREET ADDRESS	500 N. OSCEOLA AVE., #205
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NICOLE DUNHAM	
3.3 STREET ADDRESS	500 N. OSCEOLA AV #508	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34615	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
5.2 NAME	WALTER MURRAY	
5.3 STREET ADDRESS	500 N. OSCEOLA AV. #707	
5.4 CITY-ST-ZIP	CLEARWATER, FL 34615	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
6.2 NAME	STAVE DUNHAM	
6.3 STREET ADDRESS	500 N. OSCEOLA AV # 707	
6.4 CITY-ST-ZIP	CLEARWATER, FL 34615	

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 110.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: *W.D. Murray* **PRESIDENT** DATE: **2/23/95** (813) 581-2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARBOR BLUFFS WATERFRONT CONDO ASSOC., INC.

729785

D

CATHERINE BURDETTE

500 N. OSCEOLA AVE #405

CLAWWATER, FL 34615