

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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
103 CLEVELAND AVENUE SW 1801 EAST BAY DR., #5 LARGO FL 34640 US

3. Date Incorporated or Qualified **05/29/1974** 3a. Date of Last Report **03/13/1995**

21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HAUSER, RICHARD B
103 CLEVELAND AVE., S.W.
LARGO FL 34641**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP <input type="checkbox"/> DELETE
NAME	BENO, JOSEPH
STREET ADDRESS	500 N. OSCEOLA AVE., #305
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GLESON, SUSANNE
STREET ADDRESS	500 N. OSBORN AVE., #406
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	DUNHAM, NICOLE
STREET ADDRESS	500 N OSCEOLA AVENUE #508
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BURDETTE, HARRY
STREET ADDRESS	500 N OSCEOLA AVE., #405
CITY-ST-ZIP	CLEARWATER FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	MURRAY, WLATER
STREET ADDRESS	500 N OSCEOLA AVENUE, #707
CITY-ST-ZIP	CLEARWATER FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DUNHAM, STEVE
STREET ADDRESS	500 N OSCEOLA AVENUE, #707
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DUPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAT KROCKOZ
2.3 STREET ADDRESS	500 N. OSCEOLA AV #304
2.4 CITY-ST-ZIP	CLEARWATER, FL 34615
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Walter Murray* **2/15/96 (813) 581-2662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)