

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
~~1001 EAST BAY DR. #5~~
 LARGO FL 34640
 US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 05/29/1974
 3a. Date of Last Report 03/06/1996

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 103 Cleveland Ave SW
 22 City & State 27 Largo, FL
 23 Zip Country 28 33770 30 USA

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 owes or has paid the current year intangible Personal Property Tax due June 30. 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 Resource Management
 82 Street Address (P.O. Box Number is Not Acceptable) 103 Cleveland Ave SW
 83
 84 City Largo FL 85 Zip Code 33770

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 Kelly A. Miller Kelly A. Miller, LCAM 7/23/97
Signature, typed & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DVPS	<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	KRECKEL, PAT	
STREET ADDRESS	500 N OSCEOLA AVE #304	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	<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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sotimina, Victoria	
2.3 STREET ADDRESS	500 N Osceola Ave # 301	
2.4 CITY-ST-ZIP	Clearwater, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cornell, Bob	
3.3 STREET ADDRESS	500 N Osceola Ave # 703	
3.4 CITY-ST-ZIP	Clearwater, FL	
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		<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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 7/23/97 SIGNATURE REQUIRED Kelly A. Miller M. Miller 442-7100

CR2E037 (4/97)