

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90017 015 ****61.25

DOCUMENT # 729785

1. Entity Name

HARBOR BLUFFS WATERFRONT CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

500 NORTH OSCEOLA AVENUE
 CLEARWATER FL 34615

103 CLEVELAND AVENUE SW
 LARGO FL 33770-3604
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1734957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESOURCE MANAGEMENT
103 CLEVELAND AVE., S.W.
LARGO FL 33770

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BENO, JOSEPH**
 STREET ADDRESS **500 N. OSCEOLA AVE., #305**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **TSD** Change Addition
 NAME **Hermann Strijewski**
 STREET ADDRESS **500 N Osceola Ave**
 CITY-ST-ZIP **Clearwater FL 33755**

TITLE **SD** Delete
 NAME **SOLIMINA, VICTORIA**
 STREET ADDRESS **500 N OSCEOLA AVE #301**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** Change Addition
 NAME **SOLIMINA, VICTORIA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **BURDETTE, HARRY**
 STREET ADDRESS **500 N OSCEOLA AVE., #405**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **MILLER, JILL**
 STREET ADDRESS **500 N OSCEOLA AVE 603**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **RICHARD, LAINE**
 STREET ADDRESS **500 N OSCEOLA AVE 306**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **D** Change Addition
 NAME **REICHARD, LAINE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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 REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)