2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT# 729785 1. Entity Name 05-14-2001 90265 008 ****61.25 HARBOR BLUFFS WATERFRONT CONDOMINIUM ASSOCIATION Principal Place of Business Mailing Address 103 CLEVELAND AVENUE SW 500 NORTH OSCEOLA AVENUE **LARGO FL 33770 CLEARWATER FL 34615** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1734957 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RESOURCE MANAGEMENT 103 CLEVELAND AVE., S.W. **LARGO FL 33770** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition PD ☐ Delete TITI F TITLE Ken Dorsett NAME NAME BENO, JOSEPH 500 nosceola ave 107 STREET ADDRESS STREET ADDRESS 500 N. OSCEOLA AVE., #305 Clearwater 33755 CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL Change ☐ Addition ☐ Delete TITLE TITLE SOLININA, VICTORIA NAME NAME STREET ADDRESS STREET ADDRESS 500 N OSCEOLA AVE #301 CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL ☐ Change Addition ☐ Delete TITLE TITLE TSD STRIJEWSKI, HERMANN NAME NAME STREET ADDRESS STREET ADDRESS 500 N OSCEOLA AVE., #405 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** ☐ Change ☐ Addition VPD ☐ Delete TITLE TITLE NAME MILLER, JILL NAME STREET ADDRESS STREET ADDRESS 500 N OSCEOLA AVE 603 CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33755** Delete Change ☐ Addition TITLE TITLE., REICHARD, LAINE NAME NAME STREET ADDRESS STREET ADDRESS 500 N OSCEOLA AVE 306 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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, all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED