


**501(c)(3) NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 8:00 am
Secretary of State

02-14-2005 90038 005 ****61.25

DOCUMENT # 729785					
1. Entity Name HARBOR BLUFFS WATERFRONT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 500 NORTH OSCEOLA AVENUE CLEARWATER, FL 34615		Mailing Address 7300 PARK ST. SEMINOLE, FL 33777 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1734957	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RESOURCE MANAGEMENT 7300 PARK ST. SEMINOLE, FL 33777			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENO, JOSEPH 500 N. OSCEOLA AVE., #305 CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, MAXINE 500 N. OSCEOLA AVE., #708 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRJEWski, HERMANN 500 N. OSCEOLA AVE # 105 CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, JILL 500 N OSCEOLA AVE 603 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIERENGARTEN, JAN 500 N. OSCEOLA AVE. #203 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	

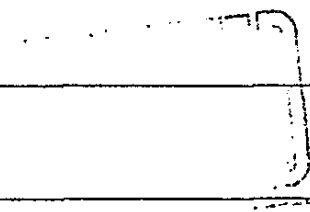
00000761



01112005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

FL



66025721
729785



HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	40017346
RESOURCE MANAGEMENT			3361
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/08/2005		*****61.25	
PAY SIXTY-ONE DOLLARS AND TWENTY-FIVE CENTS			
TO THE ORDER OF Department of State USR Div. of Corp. P.O. Box 1500 Tallahassee, FL 32302-1500			
000000136 063115055 8100001171 *000000125*			

#3361 Posted 2/25/05 \$61.25

HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	3362
RESOURCE MANAGEMENT			3362
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/08/2005		*****295.00	
PAY TWO HUNDRED NINETY-FIVE DOLLARS AND NO CENTS			
TO THE ORDER OF John Ralph & Associates, P.A. 5450 Central Ave., Ste. B Orlando, FL 32707			
000000136 063115055 8100001171 *000002950*			

#3362 Posted 2/17/05 \$295.00

HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	3363
RESOURCE MANAGEMENT			3363
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/08/2005		*****820.00	
PAY EIGHT HUNDRED DOLLARS AND NO CENTS			
TO THE ORDER OF Bush Whackers Lawn Care 561 East Bay Dr., Suite 104 Largo, FL 33770			
000000136 063115055 8100001171 *000008000*			

#3363 Posted 2/17/05 \$800.00

HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	3364
RESOURCE MANAGEMENT			3364
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/08/2005		*****985.26	
PAY NINE HUNDRED EIGHTY-FIVE DOLLARS AND TWENTY-SIX CENTS			
TO THE ORDER OF Fox Protective Services, Inc. P.O. Box 20823 Tampa, FL 33622-0823			
000000136 063115055 8100001171 *000009852*			

#3364 Posted 2/15/05 \$985.26

HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	3365
RESOURCE MANAGEMENT			3365
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/17/2005		*****11.40	
PAY ELEVEN DOLLARS AND FORTY CENTS			
TO THE ORDER OF Resource Management			
000000136 063115055 8100001171 *000000110*			

#3365 Posted 2/23/05 \$11.40

HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	3366
RESOURCE MANAGEMENT			3366
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/17/2005		*****4,111.70	
PAY FOUR THOUSAND ONE HUNDRED ELEVEN DOLLARS AND SEVENTY CENTS			
TO THE ORDER OF City of Clearwater P.O. Box 50228 Tampa, FL 33630-3020			
000000136 063115055 8100001171 *000041117*			

#3366 Posted 2/24/05 \$4,111.70

HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	3367
RESOURCE MANAGEMENT			3367
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/17/2005		*****114.13	
PAY ONE HUNDRED FOURTYEVEN DOLLARS AND THIRTEEN CENTS			
TO THE ORDER OF Verizon Florida, Inc. PO Box 92041 Dallas TX 75392-0041			
000000136 063115055 8100001171 *000001141*			

#3367 Posted 2/23/05 \$114.13

HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	3368
RESOURCE MANAGEMENT			3368
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/17/2005		*****3,081.00	
PAY THREE THOUSAND EIGHTY-ONE DOLLARS AND NO CENTS			
TO THE ORDER OF Harbor Bluffs Condominium			
000000136 063115055 8100001171 *000030810*			

#3368 Posted 2/22/05 \$3,081.00

HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	3370
RESOURCE MANAGEMENT			3370
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/17/2005		*****1,970.52	
PAY ONE THOUSAND NINE HUNDRED SEVENTY DOLLARS AND FIFTY-TWO CENTS			
TO THE ORDER OF Fox Protective Services, Inc. P.O. Box 20833 Tampa, FL 33622-0833			
0000003370 063115055 8100001171 *000019705*			

#3370 Posted 2/23/05 \$1,970.52

HARBOR BLUFFS WATERFRONT		FIRST COMMUNITY BANK	3371
RESOURCE MANAGEMENT			3371
288 PARK ST. TALLAHASSEE, FL 32302			
DATE		AMOUNT	
2/17/2005		*****157.77	
PAY ONE HUNDRED FIFTY-SEVEN DOLLARS AND SEVENTY-SEVEN CENTS			
TO THE ORDER OF Home Depot PO Box 5055 Des Moines IA 50368-9055			
0000003371 063115055 8100001171 *000015777*			

#3371 Posted 2/25/05 \$157.77

ATTACHMENT

66025721
729785

RESOURCE MANAGEMENT

From: HARBOR BLUFFS WATERFRONT
To: Department of State

Vdr# 1204 Check 3452
Date: 6/29/2005 Amount: *****61.25

Inv Date	Invoice	Description	Paid
6/29/2005	09/07/05	59-1734957	61.25


NOT cashed
7/31

**PROFIT CORPORATION
ANNUAL REPORT**

ATTACHMENT

729785

BLUFFS WATERFRONT CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
500 NORTH OSCEOLA AVENUE
CLEARWATER, FL 34615

Mailing Address
7300 PARK ST.
SEMINOLE, FL 33777 US

66 025721



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06282005 Chg-NP CR2E037 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-1734957

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RESOURCE MANAGEMENT
7300 PARK ST.
SEMINOLE, FL 33777

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENO, JOSEPH 500 N. OSCEOLA AVE., #305 CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, MAXINE 500 N. OSCEOLA AVE., #708 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRIJEWSKI, HERMANN 500 N. OSCEOLA AVE # 105 CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, JILL 500 N OSCEOLA AVE 603 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

66025721

729785



August 9, 2005

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Harbor Bluffs Waterfront Condominium Association, Inc.
FEI number 59-1734957

I am writing on the behalf of the Board of Directors of Harbor Bluffs Waterfront Condominium Association, Inc. regarding the 2005 Corporation filing.

The association has made a double payment in error and is requesting a refund of \$61.25 or their second check numbered 3452 returned to our office. The copies of the check stubs and corporate reports are attached for your review.

Also the original check number 3361 was cashed on February 25, 2005 and the report was not filed if there are any problems with the report please notify us for any assistance or corrections.

If you have any questions please contact administrative assistant Kristine Farrell at the Seminole office listed below.

Sincerely
FOR THE BOARD OF DIRECTORS

Dana Taylor
Dana Taylor, LCAM
Resource Property Management

DT/kf

Accredited Association Management Co. (AAMC) - Website-www.resourcepropertymgmt.com

5901 Sun Blvd., Suite 200
St. Petersburg, FL 33715
727-864-0004
Fax: 727-866-7002

28100 US Hwy 19 North, Suite 305
Clearwater, FL 33761
727-796-5900
Fax: 727-796-5011

7300 Park Street
Seminole, FL 33777
727-581-2662
Fax: 727-584-2118

RUN DATE 8/09/2005

ATTACHMENT

HARBOR BLUFFS WATERFRONT

Vendor Inquiry Report

Vendor # 1204 Department of State
From 1/01/2005 to 8/09/2005

66025721
#729785

PAGE 1

Vchr#	Vchr Date	Invoice Number	Invoice Description	Invoice Amount	Check	Date	Status	1099	
Amount Paid/Due	Non-Disc	Disc Amount	G/L Account	G/L Description	Number	Paid/Due			
	Amount				G/L Amount				
5512	2/08/2005	59-1734957	2/08/2005 59-1734957	61.25	3361	2/08/2005	Paid	N	
	61.25		5016	5016-Licenses/Permits		61.25			
5634	6/29/2005	09/07/05	6/29/2005 59-1734957	61.25	3452	6/29/2005	Paid	N	
	61.25		5016	5016-Licenses/Permits		61.25			
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	122.50	0.00	0.00			122.50			
0	1099 invoices		-	0.00					

ATTACHMENT

6602572.1
729785

RESOURCE MANAGEMENT

From: HARBOR BLUFFS WATERFRONT
To: Department of State

Vdr# 1204 Check 3361
Date: 2/08/2005 Amount: *****61.25

Inv Date	Invoice	Description	Paid
2/08/2005	59-1734957	59-1734957	61.25

Cashed 2/25/05