

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729785

FILED
Apr 20, 2009
Secretary of State

Entity Name: HARBOR BLUFFS WATERFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 NORTH OSCEOLA AVENUE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST.
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-1734957 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENO, JOSEPH PD
Address: 500 N. OSCEOLA AVE., #305
City-St-Zip: CLEARWATER, FL 33755 US

Title: SD () Delete
Name: BROWN, MAXINE SD
Address: 500 N. OSCEOLA AVE., #708
City-St-Zip: CLEARWATER, FL 33755 US

Title: TD () Delete
Name: STRIJEWSKI, HERMANN TD
Address: 500 N. OSCEOLA AVE # 105
City-St-Zip: CLEARWATER, FL 33755 US

Title: D () Delete
Name: NIERENGARTEN, JAN D
Address: 500 N. OSCEOLA AVE. #203
City-St-Zip: CLEARWATER, FL 33755 US

Title: VPD () Delete
Name: HAGAN, JILL
Address: 500 N. OSCEOLA AVE. # PHG
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENO, JOSEPH PD
Address: 500 N. OSCEOLA AVE., #305
City-St-Zip: CLEARWATER, FL 33755 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NIERENGARTEN, JAN D
Address: 500 N. OSCEOLA AVE. #203
City-St-Zip: CLEARWATER, FL 33755 US

Title: P (X) Change () Addition
Name: HAGAN, JILL
Address: 500 N. OSCEOLA AVE. # PHG
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL HAGAN

Electronic Signature of Signing Officer or Director

P

04/20/2009

Date