

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729785

FILED
Apr 21, 2010
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: D
Name: BENO, JOSEPH PD
Address: 500 N. OSCEOLA AVE., #305
City-St-Zip: CLEARWATER, FL 33755 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JILL HAGAN

P

04/21/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date