

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729785

**FILED**  
**Apr 12, 2011**  
**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: BOLGER, ELLIE  
Address: 500 N. OSCEOLA AVE., #811  
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

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date