FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N02779

HARBOR POINTE WEST CONDOMINIUM ASSOCIATION OF DU NEDIN, INC.

Principal Place of Busine
340 CAUSEWAY BLVD.
DUNEDIN FL 34698

2. Principal Place of Business

Mailing Address

340 CAUSEWAY BLVD. **DUNEDIN FL 34698**

2a. Mailing Address

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90022 046 ****61.25



3. Date Incorporated or Qualifed

21	26				04/26/1984					
Suite, Apt.						4. FEI Number			Appl	ied For
22	.3 27					59-2436110			Not .	Applicable
City & Stat	ity & State City & State					5. Certifcate of Status Des	ired .			ditional
23						J. Certificate of Status Des	, L	Fee	e Req	uired
Zip	Country Zip Co					6. Election Campaign Fina	incing*	•		lay Be
24						Trust Fund Contribution			led to	Fees
	9. Name and Address of Current	Registered Agent		04	News	10. Name and Address of	New Registered	Agent		
				81	Name					
NICHOLS, SHERON				82	Street Addre	ss (P.O. Box Number is Not A	Acceptable)			
C/O SHERON O NICHOLS PROPERTIES										
251 WINDWARD PASSAGE SUITE G				83						
CLEARWATER FL 34630					City			85	Zip Co	de
		•••					FL	<u>. _ _ </u>		
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	? and 617.1508, Florida S	Statutes, the ab	ove	named corpo	ration submits this statement in	for the purpose of	changing	g its re s redi:	egistered stered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.050	3, Florida Statu	ites.	ne corporation	ra bodie of directors. Frieres,	, accept the appear	intilicate G	o .og.	,
SIGNATURE										
	Signature, typed or printed name of registered agent		(NOTE: Registered /	Agent	signature required	•	DATE			0.01.40
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES	TO OFFICERS AN	D DIRE		S IN 12
TITLE	Ρ	DELE						Char	ige	∐ Addition
NAME	WILFERT, WILLIAM		1.2 NAJ							
STREET ADDRESS	340 CAUSEWAY BLVD		1.3 STF	REET	ADORESS	• •				
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CIT	_	ZIP					
TITLE	D	☐ DELE	TE 2.1 TITS	ΣE				Char	nge	Addition
NAME	KANISKI, MAUREEN		2.2 NAJ	ME	•					
STREET ADDRESS	340 CAUSEWAY BLVD.		2.3 STF	REET	ADORESS					
CITY-ST-ZIP	DUNEDIN FL 34698		2. 4 CIT	TY-ST	-ZIP					
TITLE	D	☐ DELE	TE 3.1 TT	LE				Char	nge	☐ Addition
NAME	WRIGHT, VERNON		3.2 NA	ΜE						
STREET ADDRESS	340 Causeway Blvd.		3.3 STF	REET	ADORESS					
CITY-ST-ZIP	DUNEDIN FL 34698		3.4. CIT	TY-ST	ZIP				•	
TITLE	D	☐ DELET	TE 4.1 TITE	LE				Char	nge	☐ Addition
NAME	MILLS, THOMAS		4. 2 NA	ME						
STREET ADDRESS	340 CAUSEWAY BLVD.		4.3 STF	REET	ADDRESS				٠	
CITY-ST-ZIP	DUNEDIN FL 34698		4.4 CIT	Y-ST-	ZIP		**		ŧ	,
TITLE	D	☐ DELE	TE 5.1 Ππ	LE				☐ Char	nge	☐ Addition
NAME	ROGICH, LOUIS		5.2 NAM	ME						
STREET ADDRESS	340 CAUSEWAY BLVD.		5.3 STF	REET	NODRESS					
CITY-ST-ZIP	DUNEDIN FL 34698		5.4 CIT	Y-ST-	ZIP					
TITLE		☐ DELET	TE 6.1 TITL	LE			•	☐ Char	nge	Addition
NAME	#		6.2 NA	ME		•				
STREET ADORESS			6.3 STF	REET	ADDRESS					
CITY-ST-7/P			6.4 CIT	Y-ST-	ZIP .					

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

