

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 3:07

DOCUMENT # N93000002161 (8)

1. Corporation Name

HARBOUR CLUB A/B OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5200 CENTRAL AVENUE
ST. PETERSBURG FL**

**5200 CENTRAL AVENUE
ST. PETERSBURG FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1993

3a. Date of Last Report

07/20/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZACUR, RICHARD A
5200 CENTRAL AVENUE
ST. PETERSBURG FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

VANDERMADE, MURIEL

STREET ADDRESS

100 BLUFFVIEW DRIVE, #302B

CITY - ST - ZIP

BELLEAIR BLUFFS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

ST

NAME

KASSON, WILLIAM J

STREET ADDRESS

100 BLUFF VIEW DRIVE, APT. #605-A

CITY - ST - ZIP

BELLEAIR BLUFFS FL 34640-1346

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

WRIGHT, JOHN D

STREET ADDRESS

100 BLUFFVIEW DRIVE, APT. #A304

CITY - ST - ZIP

BELLEAIR BLUFFS FL 34640-1346

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

D

NAME

BERCOWITZ, WILLIAM

STREET ADDRESS

100 BLUFFVIEW DRIVE, 401A

CITY - ST - ZIP

BELLEAIR BLUFFS FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

BOURRE, ARTHUR

STREET ADDRESS

100 BLUFFVIEW DRIVE, #310B

CITY - ST - ZIP

BELLEAIR BLUFFS FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

ARMSTRONG, GEORGE

STREET ADDRESS

100 BLUFF VIEW DRIVE, APT. #3106

CITY - ST - ZIP

BELLEAIR BLUFFS FL 34640-1346

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. KASSON

10 APRIL 1995 (813) 585-7410

DATE

TELEPHONE #