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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002161

1. Corporation Name

HARBOUR CLUB A/B OWNERS ASSOCIATION, INC.

Principal Place of Business

100 BLUFF VIEW DRIVE
APT 302-B
BELLEAIR BLUFFS FL 34640
US

Mailing Address

100 BLUFF VIEW DR.
APT. 605-A
BELLEAIR BLUFFS FL 34640
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/12/1993

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

9. Name and Address of Current Registered Agent

ZACUR, RICHARD A
5200 CENTRAL AVENUE
ST. PETERSBURG FL

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD ☐ DELETE

NAME VANDERMADE, MURIEL
STREET ADDRESS 100 BLUFFVIEW DRIVE, #302B
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE ST ☐ DELETE

NAME KASSON, WILLIAM J
STREET ADDRESS 100 BLUFF VIEW DRIVE, APT. #605-A
CITY-ST-ZIP BELLEAIR BLUFFS FL 34640-1346

TITLE D ☐ DELETE

NAME HILLIER, CLARIS
STREET ADDRESS 100 BLUFFVIEW DRIVE APT A210
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE D ☐ DELETE

NAME BERCOWITZ, WILLIAM
STREET ADDRESS 100 BLUFFVIEW DRIVE, 401A
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE D ☐ DELETE

NAME JOSEPH DADDIO
STREET ADDRESS 100 BLUFF VIEW DRIVE, APT. 303-B
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

1-7-99 (727) 585-7410