

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90052 003 \*\*\*\*61.25

**DOCUMENT # N93000002161**



1. Entity Name

HARBOUR CLUB A/B OWNERS ASSOCIATION, INC.

Principal Place of Business

100 BLUFF VIEW DRIVE  
APT. 302-B 212A  
BELLEAIR BLUFFS FL 34640 33770  
US

Mailing Address

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

14003698



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZACUR, RICHARD A  
5200 CENTRAL AVENUE  
ST. PETERSBURG FL

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE ST  
NAME HILLIER, CLARIS  
STREET ADDRESS 100 BLUFFVIEW DR., #212A  
CITY-ST-ZIP BEELLEAIR BLUFFS FL ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Claris M Hillier* (CLARIS M. HILLIER ST) 4-13-04 584-4559 (727)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #