


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003941	
1. Entity Name HARBOUR BLUFF HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 3081 SW HARBOUR BLUFF PLACE PALM CITY, FL 34990 US	Mailing Address 3081 SW HARBOUR BLUFF PLACE PALM CITY, FL 34990 US
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1065261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARRA, RICHARD K ESQ
4400 PGA BLVD.
SUITE 800
PALM BEACH GARDENS, FL 33410**

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STODDARD III, HARRY C P 3081 SW HARBOUR BLUFF PLACE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, DAVID J V 2991 SW MURPHY ROAD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDSTEEN, LEIGH S 5041 NW 112TH DRIVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/03/05-80032-008 61.25

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IN THIS SPACE**

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:  **H.C. STODDARD III** **2/28/05** **772.219.4577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #