

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02779

**Entity Name:** HARBOR POINTE WEST CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.

**FILED  
Apr 13, 2017  
Secretary of State  
CC5653578452**

**Current Principal Place of Business:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767

**Current Mailing Address:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

**FEI Number: 59-2436110**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JIM NOBLES MANAGEMENT, INC.  
251 WINDWARD PASSAGE  
STE F  
CLEARWATER, FL 33767 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MORAN, MICHAEL  
Address 340 CAUSEWAY BLVD #101  
City-State-Zip: DUNEDIN FL 34698

Title SECRETARY  
Name KANESKI, MAUREEN  
Address 340 CAUSEWAY BLVD. #213  
City-State-Zip: DUNEDIN FL 34698

Title VP  
Name FIELDER, ILA  
Address 340 CAUSEWAY BLVD. #211  
City-State-Zip: DUNEDIN FL 34698

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL MORAN**

**PRESIDENT**

**04/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date