

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90020 032 \*\*\*\*61.25

**DOCUMENT # 716295**

1. Entity Name

**HARBOR LAKES OF NAPLES, INC.**

Principal Place of Business

Mailing Address

1155 SANDPIPER STREET  
 NAPLES FL 34102

745 12TH AVE., S.  
 SUITE D  
 NAPLES FL 34102-7376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1353649**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE PROPERTY MANAGEMENT, INC.**  
**745 12TH AVENUE, S., SUITE D**  
**NAPLES FL 34102**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRANE, RICHARD</b> <b>1155 SANDPIPER ST B-7</b> <b>NAPLES FL 34102</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEYERS, MARIE</b> <b>1155 SANDPIPER ST C-2</b> <b>NAPLES FL 34102</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>REED, DOROTHY</b> <b>1155 SANDPIPER STREET</b> <b>NAPLES FL 34102</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITING, IRENE</b> <b>1155 SANDPIPER STREET</b> <b>NAPLES FL 34102</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LENNER, TOM</b> <b>1155 SANDPIPER STREET</b> <b>NAPLES FL 34102</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Olyve Reed</b> <b>1155 Sandpiper St. F-2</b> <b>Naples, FL 34102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Dorothy Bednar</b> <b>1155 Sandpiper St. F-4</b> <b>Naples, FL 34102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Maureen Sullivan G-2</b> <b>1155 Sandpiper St.</b> <b>Naples, FL 34102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Clarence Cronauer</b> <b>1155 Sandpiper St. C-3</b> <b>Naples, FL 34102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Crane* *Clarence Cronauer* *Clarence Cronauer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard Crane** **Clarence Cronauer** **Clarence Cronauer**  
 Date **4/3/00** Daytime Phone # **941-262-5051**

CR2E037 (9/99)