

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90016 043 ****61.25

DOCUMENT # 735945

1. Entity Name

HARBOR ESTATES ASSOCIATES, INC.

Principal Place of Business

Mailing Address

399 S.W. HARBOR STREET
STUART FL 34997-6226

399 S.W. HARBOR STREET
STUART FL 34997-6224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2927458

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

HAYMAN, NAOMI
500 S.W. HARBOR ST.
STUART FL 34977

Name MYHREN, Patricia M.
Street Address (P.O. Box Number is Not Acceptable)

399 S.W. HARBOR ST.

City STUART

FL Zip Code 34997

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

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

PATRICIA M. MYHREN
(NOTE: Registered Agent signature required when reinstating)

1/31/00
DATE

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	D	<input type="checkbox"/> Delete
NAME	STEEN, SUSAN	
STREET ADDRESS	385 SW ST. LUCIE STREET	
CITY-ST-ZIP	STUART FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, TERRELL	
STREET ADDRESS	390 SW HARBOR ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, MARVIN	
STREET ADDRESS	540 SW HARBOR ST	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROCHESTER, CAROL	
STREET ADDRESS	590 SW HARBOR ST	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAYMAN, NAOMI	
STREET ADDRESS	500 SW HARBOR ST	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYHREN, Patricia M.	
STREET ADDRESS	399 S.W. HARBOR ST	
CITY-ST-ZIP	STUART, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patricia M. Myhren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00 561-288-3366