

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90112 041 \*\*\*61.25

**DOCUMENT # 740479**

1. Entity Name

**HARBOR SOUTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

HARBOR SOUTH CONDOMINIUM  
 PO BOX 101448  
 CAPE CORAL FL 33910  
 US

HARBOR SOUTH CONDOMINIUM  
 PO BOX 101448  
 CAPE CORAL FL 33910  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1160251**

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

**WASSBERG, CURTIS**  
**1303 SW 34TH TERRACE**  
**CAPE CORAL FL 33904**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, EVELYN	
STREET ADDRESS	1766 CAPE CORAL PKWY., #305	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCARTHY, LEO	
STREET ADDRESS	1766 CAPE CORAL PKWY #406	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CUTWRIGHT, CYNTHIA	
STREET ADDRESS	1766 CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTTER, TOM	
STREET ADDRESS	1766 CAPE CORAL PKWY #101	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NOVAK, RICHARD	
STREET ADDRESS	1766 CAPE CORAL PKWY #408	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve P Fuhl	
STREET ADDRESS	1766 CAPE CORAL PKWY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
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: Signature of Curtis Wassberg, Pres. Date: 2-05-02 (41) 549-1793

CR2E037 (9/01)