

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90359 024 ****61.25

DOCUMENT # 750911

1. Entity Name

**HARBORTOWN CONDOMINIUM ASSOCIATION OF THE LANDIN
 GS, INC.**

Principal Place of Business

Mailing Address

**6213-A PRESIDENTIAL CT
 FT MYERS FL 33919
 US**

**6213-A PRESIDENTIAL CT
 FT MYERS FL 33919
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1963003

Applied For

Not Applicable

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

**HENKE, C J
 6213-A PRESIDENTIAL CT
 FT MYERS FL 33919**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLMAN, DORIS 4837 SPRINGLIN DRIVE FT. MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDRUS, PAT 5010 DOCKSIDE DR #201 FORT MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, MATHERLY 4980 DOCKSIDE DR #104 FORT MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, BOB 4755 HARBORTOWN AVE FT MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, DON 4739 HARBORTOWN LN FT MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, STANLEY 4703 HARBORTOWN LN FT MYERS FL 33919	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Corace, James 4838 Springline Dr. Fort Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Parks, Stanley 4703 Harbortown Lane Fort Myers, FL 33919	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bressler, Ginny 6015 Harbortown Lane #201 Fort Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clementz, Linda 5031 Harbor Town Lane Fort Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Good, John 4850 Dockside Drive #102 Fort Myers, FL 33919	☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

941-481-0025

Date

Daytime Phone #

CR2E037 (9/01)