

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754193

1. Entity Name

HARTRIDGE HARBOR OWNERS' ASSOCIATION INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90334 017 ****61.25

Principal Place of Business 3548 HARBOR CIR WINTER HAVEN FL 33881 US	Mailing Address P O BOX 481 WINTER HAVEN FL 33882-0481 US
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DO NOT WRITE IN THIS SPACE

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 59-3148697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BEAZELL, BARBARA B
3548 HARBOR CIR
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME WESTLAKE, EDWARD	
STREET ADDRESS 3549 HARBOR CIRCLE	
CITY-ST-ZIP WINTER HAVEN FL 33881	
TITLE VD	<input type="checkbox"/> Delete
NAME SNYDER, BEVERLY	
STREET ADDRESS 3567 HARBOR CIRCLE	
CITY-ST-ZIP WINTER HAVEN FL 33881	
TITLE STD	<input type="checkbox"/> Delete
NAME BEAZELL, BARBARA	
STREET ADDRESS 3548 HARBOR CIRCLE	
CITY-ST-ZIP WINTER HAVEN FL 33881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Nettleton, Carol	
STREET ADDRESS 3559 Harbor Circle	
CITY-ST-ZIP Winter Haven, FL 33881	
TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Carrie Griner	
STREET ADDRESS 3554 Harbor Circle	
CITY-ST-ZIP Winter Haven, FL 33881	

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: *Carol Nettleton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 863/299-6312
 Date Daytime Phone #

CF2E037 (9/99)