

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90073 042 \*\*\*\*61.25

**DOCUMENT # 754193**

1. Entity Name

**HARTRIDGE HARBOR OWNERS' ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**3548 HARBOR CIR  
 WINTER HAVEN FL 33881  
 US**

**P O BOX 481  
 WINTER HAVEN FL 33882  
 US**

2. Principal Place of Business

**3549 Harbor Circle**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Winter Haven, FL**

City & State

4. FEI Number

**59-3148697**

Applied For

Not Applicable

Zip

**33881**

Country

**US**

Zip

Country

5.-Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

8. 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 **Enzor, Stephen**

Street Address (P.O. Box Number Is Not Acceptable)

**3549 Harbor Circle**

City **Winter Haven**

**FL**

Zip Code **33881**

9. 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.

**Stephen K. Enzor, President**

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

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>BEAZELL, BARBARA</b>	
STREET ADDRESS	<b>3548 HARBOR CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GRINER, CARRIE</b>	
STREET ADDRESS	<b>3554 HARBOR CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NETTLETON, CAROL</b>	
STREET ADDRESS	<b>3559 HARBOR CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MERCER, TRACY</b>	
STREET ADDRESS	<b>3558 HARBOR CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YATES, KITTY</b>	
STREET ADDRESS	<b>3546 HARBOR CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ENZOR, STEVE</b>	
STREET ADDRESS	<b>3549 HARBOR CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Enzor, Stephen</b>	
STREET ADDRESS	<b>3549 Harbor Circle</b>	
CITY-ST-ZIP	<b>Winter Haven, FL 33881</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Griner, Carrie</b>	
STREET ADDRESS	<b>1054 Ariana Blvd.</b>	
CITY-ST-ZIP	<b>Auburndale, FL 33823</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mercer, Tracy</b>	
STREET ADDRESS	<b>3558 Harbor Circle</b>	
CITY-ST-ZIP	<b>Winter Haven, FL 33881</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Beazell, Barbara</b>	
STREET ADDRESS	<b>3548 Harbor Circle</b>	
CITY-ST-ZIP	<b>Winter Haven, FL</b>	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**Stephen K. Enzor, President**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/02**

Date

**863-287-7887**

Daytime Phone #

CR2E037 (9/01)