

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90025 037 ****61.25

DOCUMENT # 764343

1. Entity Name

MELBOURNE HARBOR PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business

Mailing Address

C/O BILLINGS, FRANK
 2220 FRONT ST. #203
 MELBOURNE FL 32901
 US

C/O LAPLANTE, JANICE M
 1676 S FISKE BLVD
 ROCKLEGE FL 32955-2535
 US

2. Principal Place of Business

3. Mailing Address

C/O Larry Ward

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2260 Front, St

City & State

Melbourne FL 32901

Zip
 32901

Country
 US

Zip

Country

4. FEI Number

59-2580028

Applied For

Not Applicable

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

OLSEN, LOUIS B
2220 S FRONT ST
#302
MELBOURNE FL 32901

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 **TS** Delete
 NAME **OLSEN, LOUIS B**
 STREET ADDRESS **2220 FRONT ST., #301**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **LA PLANTE, JANICE M.**
 STREET ADDRESS **1676 S FISKE BLVD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SCHMITZ, PIERRE B**
 STREET ADDRESS **2260 FRONT ST., #403**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BILLINGS, FRANK**
 STREET ADDRESS **2220 FRONT ST., #203**
 CITY-ST-ZIP **W MELBOURNE FL**

TITLE **D** Change Addition
 NAME **Juanita Brooks**
 STREET ADDRESS **3375 Hwy A1A**
 CITY-ST-ZIP **Melbourne Beach FL 32951**

TITLE **S** Delete
 NAME **GALLIGAN, JANET**
 STREET ADDRESS **2220 S FRONT ST #103**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **CHART HOUSE, C/O STEELE V**
 STREET ADDRESS **325 5TH AVE, #204 P.O. BOX 033108**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE Change 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 321-632-4582

Date

Daytime Phone #

CR2E037 (9/99)