

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90391 029 ****61.25

DOCUMENT # 764343

1. Entity Name

MELBOURNE HARBOR PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business

Mailing Address

C/O LARRY WARD
 2260 FRONT ST
 MELBOURNE FL 32901
 US

C/O LAPLANTE, JANICE M
 1676 S FISKE BLVD
 ROCKLEGE FL 32901
 US

80056622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2580028

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	<input checked="" type="checkbox"/> Delete
NAME	OLSEN, LOUIS B	
STREET ADDRESS	2220 FRONT ST., #301	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LA PLANTE, JANICE M.	
STREET ADDRESS	1676 S FISKE BLVD	
CITY-ST-ZIP	ROCKLEGE FL 32955	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHMITZ, PIERRE B	
STREET ADDRESS	2260 FRONT ST., #403	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, JUANITA	
STREET ADDRESS	3375 HWY A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GALLIGAN, JANET	
STREET ADDRESS	2220 S FRONT ST #103	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input checked="" type="checkbox"/> 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Nelson	
STREET ADDRESS	2210 Front St #101	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Hahle	
STREET ADDRESS	2220 Front St #401	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Totty	
STREET ADDRESS	2260 Front St #301	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Coolidge	
STREET ADDRESS	205 E Nassau Blvd	
CITY-ST-ZIP	Melbourne FL 32901	
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: *Janice M LaPlante* Janice M LaPlante 4/28/01 321-632-4582

CR2E037 (10/00)