

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90373 021 \*\*\*\*61.25

0089336

**DOCUMENT # N05290**

1. Entity Name  
**HARBORTOWN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**%C. GUY BATSEL  
1861 PLACIDA RD., STE 104  
ENGLEWOOD FL 34223**

Mailing Address  
**7092 PLACIDA RD  
C/O TIM FITZSIMMONS  
CAPE HAZE FL 33946  
US**

**11038330**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2507779</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>WILLIAM, JOY 7092 PLACIDA RD CAPE HAZE FL 33946</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *William Joy*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>AUSTIN, WAYNE</b>			NAME			
STREET ADDRESS	<b>P O BOX 441</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CAPE HAZE FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KOZAK, INARID</b>			NAME			
STREET ADDRESS	<b>PO BOX 729</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NOKOMIS FL</b>			CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WEAVER, DICK</b>			NAME			
STREET ADDRESS	<b>1714 BORROMAN - POLAND RD, SUITE 10</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>POLAND OH</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BECKSTEAD, DEAN</b>			NAME			
STREET ADDRESS	<b>7092 PLACIDA RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CAPE HAZE FL</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HORSTMEIER, ROGER</b>			NAME			
STREET ADDRESS	<b>1131 MEADOWS DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FREESPORT IL 61032</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DARLENE, BENSON</b>			NAME			
STREET ADDRESS	<b>7070 PLACIDA RD #1221</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CADE HAZEL FL 33946</b>			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: *William Joy* **WILLIAMS REQUIRED** 4/29/03 697 1970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)