

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90022 043 ****61.25

DOCUMENT # N06705

1. Entity Name

HARBOR FEDERAL CENTER OFFICE CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

2500 SE MIDPORT ROAD
 PORT ST. LUCIE FL 34985-9220
 US

STEVE PINNEY
 473 S.E. VERADA ST.
 PORT ST. LUCIE FL 34983-2242
 US

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

59-2312887

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

PINNEY, STEPHEN G.
2500 SE MIDPORT ROAD
PORT ST. LUCIE FL 34985

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

4-11-00

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	PD	<input type="checkbox"/> Delete
NAME	PINNEY, STEPHEN G.	
STREET ADDRESS	2500 SE MIDPORT RD.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINNEY, CAROL	
STREET ADDRESS	2500 SE MIDPORT RD.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYLE, KATHLEEN	
STREET ADDRESS	2400 SE MIDPORT RD.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

561-879-0600

Date

Daytime Phone #

CR2E037 (9/99)