

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07141

1. Entity Name

HARBOR PINES OF MANATEE OWNERS ASSOCIATION, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90034 013 *****61.25

Principal Place of Business

6033 34TH STREET WEST
BRADENTON FL 34210
US

Mailing Address

6033 34TH STREET WEST
CLUBHOUSE
BRADENTON FL 34210
US

815589

2. Principal Place of Business

6033 34TH STREET WEST
Suite, Apt. #, etc.

3. Mailing Address

6033 34TH STREET WEST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

52-1462029

Applied For

Not Applicable

Zip

32410

Country

USA

Zip

34210

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGER, WILLIAM
1801 MAIN STREET
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

COOK, THOMAS W

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

4416 MANGROVE POINT RD

City

BRADENTON

FL

Zip Code

34210

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 *Thomas W Cook* *Thomas W Cook* PRESIDENT SRQ PROPERTY MANAGEMENT 2/21/01

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	PD	<input type="checkbox"/> Delete
NAME	SUSAN TURNER	
STREET ADDRESS	6033 34TH ST WEST #56	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MALCOLM JEFFREYS	
STREET ADDRESS	509 BERTHA ST	
CITY-ST-ZIP	WINSOR ON	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BRIAN LOWRY	
STREET ADDRESS	88 BEECHWOOD DR RR#6	
CITY-ST-ZIP	NAPANEE ON	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VSD NATALIE MINEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6033 34th STREET WEST #37	
STREET ADDRESS	BRADENTON, FL 34210	
CITY-ST-ZIP		
TITLE	D DANIEL SHUFFSTALL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6033 34th STREET WEST #	
STREET ADDRESS	BRADENTON, FL 34210	
CITY-ST-ZIP		
TITLE	D BRIAN LOWRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	88 BEECHWOOD DR RR#6	
STREET ADDRESS	NAPANEE, ONT. CANADA	
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:

Daniel Shuffstall

DANIEL SHUFFSTALL 2/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)