

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07549

1. Entity Name

HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 AM 9:16

Principal Place of Business
4221 HARBOUR ISLAND DRIVE
JACKSONVILLE FL 32225
US

Mailing Address
4221 HARBOUR ISLAND DR
JACKSONVILLE FL 32225-1563
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2897612**
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

SUTTON, MAHLON R
4221 HARBOUR ISLAND DR
JACKSONVILLE FL 32225

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 *Mahlon R. Sutton* 3/21/2000
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 Delete
NAME **PD SUTTON, MAHLON R**
STREET ADDRESS **4221 HARBOUR ISLAND DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

Change Addition
300003178203--?
-03/21/00-01096-005
*******61.25 *****61.25**

TITLE Delete
NAME **VD BAILEY, JOAN**
STREET ADDRESS **4225 HARBOUR ISLAND DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

Change Addition

TITLE Delete
NAME **TD CAMERON, RUSSELL**
STREET ADDRESS **4317 HARBOUR ISLAND DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

Change Addition

TITLE Delete
NAME **SD FROELICH, ANN**
STREET ADDRESS **11138 SCHOONER COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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: *Mahlon R. Sutton* 3/21/2000 **AD**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)