

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90236 042 ****61.25

0012565

DOCUMENT # N07549

1. Entity Name

HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4221 HARBOUR ISLAND DRIVE
 JACKSONVILLE FL 32225
 US

4221 HARBOUR ISLAND DR
 JACKSONVILLE FL 32225
 US

2. Principal Place of Business

4317 HARBOUR ISLAND DRIVE

3. Mailing Address

P.O. Box 350694

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-2897612

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

32235-0694

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUTTON, MAHLON R
 4221 HARBOUR ISLAND DR
 JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name RUSSELL G CAMERON

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

4317 HARBOUR ISLAND DRIVE

City

JACKSONVILLE

FL

Zip Code

32225

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 *Russell G Cameron*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/2001

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 checked="" type="checkbox"/> Delete
NAME	SUTTON, MAHLON R	
STREET ADDRESS	4221 HARBOUR ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JOAN	
STREET ADDRESS	4225 HARBOUR ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMERON, RUSSELL	
STREET ADDRESS	4317 HARBOUR ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FROELICH, ANN	
STREET ADDRESS	11138 SCHOONER COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
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	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, GARY	
STREET ADDRESS	4325 HARBOUR ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUDERS, BETT	
STREET ADDRESS	4337 HARBOUR ISLAND DRIVE	
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: *Russell G Cameron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

904-641-2951

Daytime Phone #

CR2E037 (10/00)