

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90045 033 ****61.25

DOCUMENT # N07549

1. Entity Name

HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4317 HARBOUR ISLAND DRIVE
 JACKSONVILLE FL 32225
 US

PO BOX 350694
 JACKSONVILLE FL 32225
 US

00022268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

CAMERON, RUSSELL G
4317 HARBOUR ISLAND DRIVE
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

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 checked="" type="checkbox"/> Delete
NAME	SUTTON, MAHLON R	
STREET ADDRESS	4221 HARBOUR ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input 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	PD	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, GARY	
STREET ADDRESS	4317 HARBOUR ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEUDERS, BETH	
STREET ADDRESS	4317 HARBOUR ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEUDERS, BETTY	
STREET ADDRESS	4337 HARBOUR ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
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		

CR2E037 (9/01)

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

Date

Daytime Phone #

1/29/02 904-641-7951