

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90095 010 \*\*\*\*61.25

**801691**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N15267**

1. Entity Name

**HARBOR SHORES CONDOMINIUM UNIT OWNERS ASSOCIATIO**

Principal Place of Business

Mailing Address

6800 MALONEY AVE  
 OFFICE  
 KEY WEST FL 33040  
 US

6800 MALONEY AVE  
 OFFICE  
 KEY WEST FL 33040-8107  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2587307**

Applied For

Not Applicable

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

**HEITER, KURT**  
**6800 MALONEY AVE**  
**OFFICE**  
**KEY WEST FL 33040**

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:**  
**FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BAILEY, TERRI</b> <b>6800 MALONEY AVE, L38</b> <b>KEY WEST FL 33040</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADAMS, LLOYD</b> <b>6800 MALONEY AVE, LOT 103</b> <b>KEY WEST FL 33040</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTANA, DOM</b> <b>6800 MALONEY AVE, L52</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRAVO, RALPH</b> <b>6800 MALONEY AVE, LOT 27</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOCKHAUT, KEN</b> <b>6800 MALONEY AVE, LOT 39</b> <b>KEY WEST FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JAMES LANG</b> <b>6800 MALONEY AVE. LOT 49</b> <b>KEY WEST FL</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FLECK, SHARON</b> <b>6800 MALONEY AVE LOT 16</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HEITER, KURT</b> <b>6800 MALONEY AVE LOT 101</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SANTANA, DOM</b> <b>6800 MALONEY AVE LOT 52</b> <b>KEY WEST FL 33040</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHIPLEY, JOSEPH</b> <b>6800 MALONEY AVE LOT 57</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VP</b> <b>BOCKHAUT, KEN</b> <b>6800 MALONEY AVE LOT 38</b> <b>KEY WEST FL 33040</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOSTER, JOHN</b> <b>6800 MALONEY AVE LOT 4</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

i2. 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:

*Kurt Heiter*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/7/00**  
 Date

**305-296-5771**  
 Daytime Phone #

CR2E037 (9/99)