

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90041 005 \*\*\*\*61.25

**DOCUMENT # N28737**

1. Entity Name

**SAN SEBASTIAN HARBOR HOMEOWNER'S ASSOCIATION, IN**

Principal Place of Business

Mailing Address

**130 SINGAPORE RD.  
 PUNTA GORDA FL 33950**

**130 SINGAPORE RD.  
 PUNTA GORDA FL 33950-7524**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0121116**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONALD E VOIGT  
 310 SINGAPORE RD  
 1  
 PUNTA GORDA FL 33950**

Name

**THOMAS J QUIDONE**

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

**238 SINGAPORE RD**

City

**PUNTA GORDA**

**FL**

Zip Code

**33950**

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 J Quidone* **TRES**

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	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VOIGT, DONALD E</b>	
STREET ADDRESS	<b>310 SINGAPORE RD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AUSTIN, CHRISTINE</b>	
STREET ADDRESS	<b>3819 BARNEGAT DR</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KNIGHT, HOWARD</b>	
STREET ADDRESS	<b>226 RIVIERA CT</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>GERGER, RONALD</b>	
STREET ADDRESS	<b>224 RIVIERA CT</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAPPIN, ARTHOR</b>	
STREET ADDRESS	<b>3915 BARNEGAT DR</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIKLUA, CHARLES E.</b>	
STREET ADDRESS	<b>314 SINGAPORE RD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, Jim</b>	
STREET ADDRESS	<b>3801 BARNEGAT DRIVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAHANAY, HERB</b>	
STREET ADDRESS	<b>3830 BARNEGAT DRIVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>	
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:

*Thomas J Quidone* **TRES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**14 MAR 00**  
 Date

**941 5751620**  
 Daytime Phone #

CR2F037 (9/99)