

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N28853**

1. Entity Name

**HOMEPORT HOMEOWNERS' ASSOCIATION, INC.**

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

05-17-2000 90918 018 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1804 PRADO STREET  
 NAVARRE FL 32566

P.O. BOX 5069  
 NAVARRE FL 32566-0069  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3248374**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VATTER, TOM**  
**1440 HOMEPORT DR.**  
**NAVARRE BEACH FL 32566**

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	ST	<input type="checkbox"/> Delete
NAME	LANZA, PATRICK	
STREET ADDRESS	1100 FT PICKENS RD	
CITY-ST-ZIP	PENSACOLA FL 32561	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROUNTREE, CHARLES	
STREET ADDRESS	1464 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUPUIS, JAN	
STREET ADDRESS	1415 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCABE, ROBERT	
STREET ADDRESS	1450 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VATTER, TOM	
STREET ADDRESS	1440 HOMEPORT DR.	
CITY-ST-ZIP	NAVARRE BEACH FL 32566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELTZ, KATHLEEN	
STREET ADDRESS	8460 GULF BLVD	
CITY-ST-ZIP	NAVARRE BEACH FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matt Gardner	
STREET ADDRESS	PO Box 5322	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Stimpson	
STREET ADDRESS	1484 Homeport Dr	
CITY-ST-ZIP	NAVARRE BEACH FL 32566	
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		

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/27/00  
 Date

850-939-3325  
 Daytime Phone #

CR2E037 (9/99)