

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

0019207

DOCUMENT # N28853

1. Entity Name

HOMEPORT HOMEOWNERS' ASSOCIATION, INC.

01-26-2001 90078 050 ****61.25

Principal Place of Business

Mailing Address

1804 PRADO STREET
 NAVARRE FL 32566

P.O. BOX 5069
 NAVARRE FL 32566
 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 **GARDNER, MATTHEW**

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

1469 HOMEPORT DR.

City **NAVARRE**

FL

Zip Code **32566**

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

MATTHEW GARDNER, PRESIDENT/DIRECTOR

1-19-01

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 checked="" 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 checked="" 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/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEIL, RON	
STREET ADDRESS	1467 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	TREAS./DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEIL, LORRI	
STREET ADDRESS	1467 HOMEPORT DR.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	SEC./DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, LENN	
STREET ADDRESS	1448 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	PRES./DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, MATTHEW	
STREET ADDRESS	1469 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVETT, JOHN	
STREET ADDRESS	1472 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORY, WAYNE	
STREET ADDRESS	1489 HOMEPORT DR.	
CITY-ST-ZIP	NAVARRE, FL 32566	

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:

MATTHEW GARDNER, PRES./DIR 1-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)