

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90016 036 ****61.25

DOCUMENT # N28853

1. Entity Name

HOMEPORT HOMEOWNERS' ASSOCIATION, INC.

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

8160 Navarre Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Navarre FL

City & State

4. FEI Number

59-3248374

Applied For

Not Applicable

Zip

32566

Country

Santa Rosa

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

GARDNER, MATHEW
 1469 HOME PORT DR
 NAVARRE BEACH FL 32566

7. Name and Address of New Registered Agent

Name ~~Montiel, Ronald~~
 Street Address (P.O. Box Number is Not Acceptable)
 1467 Homeport Dr
 City Navarre Bch 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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/02

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MONTEL, RON	
STREET ADDRESS	1467 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONTEL, LORRI	
STREET ADDRESS	1467 HOME PORT DR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, MATTHEW	
STREET ADDRESS	1469 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	DAVITT, JOHN	
STREET ADDRESS	1472 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VATTER, TOM	
STREET ADDRESS	1440 HOMEPORT DR.	
CITY-ST-ZIP	NAVARRE BEACH FL 32566	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	DORY, WAYNE	
STREET ADDRESS	1489 HOMEPORT DR	
CITY-ST-ZIP	NAVARRE FL 32566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linn Campbell	
STREET ADDRESS	1448 Homeport Dr	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Campbell	
STREET ADDRESS	1448 Homeport DR	
CITY-ST-ZIP	Navarre, FL 32566	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

(850)939-9350

Daytime Phone #

CR2E037 (9/01)