2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34861

1. Entity Name

HARBOUR ESTATES HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State
01-22-2000 90033 008 ****61.25

Principal Place of Business	Mailing Address
% REX P. COWAN 505 AVENUE A. N.W.. SUITE 200 WINTER HAVEN FL 33881	% REX P. COWAN 505 AVENUE A. N.W.. SUITE 200 WINTER HAVEN FL 33881-4627

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ 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
COWAN, REX P. 505 AVENUE A., N.W. SUITE 200 WINTER HAVEN FL 33881	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRABILL, ROGER D. 6 LAKE ELOISE LANE WINTER HAVEN FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charlie Mays 31 Lk. Eloise Ln Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WUNSCH, RUDOLF G. 25 LAKE ELOISE LANE WINTER HAVEN FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jean Rood 27 Lk. Eloise Ln Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWAN, REX P. 46 LAKE ELOISE LANE WINTER HAVEN FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pat Sullivan 19 Lk Eloise Ln Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Susan Gasner 23 Lk Eloise Ln Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Charlie Mays Charlie Mays 1/12/00 (863) 324-1406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #