

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002624

1. Entity Name

HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90121 040 ****61.25

Principal Place of Business

100 VINEYARDS BLVD.
ATTN: PROPERTY MANAGERS OFFICE
NAPLES FL 34119
US

Mailing Address

100 VINEYARDS BLVD.
ATTN: PROPERTY MANAGERS OFFICE
NAPLES FL 34119-4722
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0421618

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

KIM COOMER
100 VINEYARDS BLVD.
ATTN: PROPERTY MANAGERS OFFICE
NAPLES FL 34119

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	VD	☐ Delete
NAME	SMITH, MORGAN	
STREET ADDRESS	27061 LAKE HARBOR CT #F202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	SD	☒ Delete
NAME	DOYLE, JOHN	
STREET ADDRESS	27090 LAKE HARBOR CT #J101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	☒ Delete
NAME	JOE WORTHINGTON	
STREET ADDRESS	27071 LAKE HARBOR CT #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	TD	☒ Delete
NAME	BOB BRICE	
STREET ADDRESS	27071 LAKE HARBOR CT #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☐ Addition
NAME	<i>Morgan Smith</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BEN ELKIN	☒ Change ☐ Addition
NAME	<i>Ben Elkin</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ERLENE HEAR	☒ Change ☐ Addition
NAME	<i>Erlene Hear</i>	
STREET ADDRESS	27080 LAKE HARBOR CT # 101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MONTY BLATT	☒ Change ☐ Addition
NAME	<i>Monty Blatt</i>	
STREET ADDRESS	27091 LAKE HARBOR CT #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	JOHN MCDONNELL	☐ Change ☐ Addition
NAME	<i>John McDonnell</i>	
STREET ADDRESS	27080 LAKE HARBOR CT # 102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	BEN ELKIN	☒ Change ☐ Addition
NAME	<i>Ben Elkin</i>	
STREET ADDRESS	27020 LAKE HARBOR CT #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/00 941-495-5980

CR2E037 (9/99)