

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-16-2001 90019 039 ****61.25

DOCUMENT # N93000002624

1. Entity Name

HARBOR LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

27001 LAKE HARBOR CT

c/o WBG SW FL Inc.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
 BONITA SPRING
 City & State
 FL

Suite, Apt. #, etc.
 3461 Bonita Bay Blvd #101
 City & State
 Bonita Springs, FL

4. FEI Number 65-0421618

Applied For

Not Applicable

Zip 34134 Country USA

Zip 34134 Country USA

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)

c/o WBG SW FL Inc.
 3461 BONITA BAY BLVD #101
 City Bonita Springs FL Zip Code 34134

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

TITLE	PD	☒ Delete
NAME	SMITH, MORGAN	
STREET ADDRESS	27061 LAKE HARBOR CT #F202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	☐ Delete
NAME	HERR, EARLENE	
STREET ADDRESS	27080 LAKE HARBOR CT #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	TD	☐ Delete
NAME	BLATT, MONTY	
STREET ADDRESS	27091 LAKE HARBOR CT #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	☐ Delete
NAME	MCDONNELL, JOHN	
STREET ADDRESS	27080 LAKE HARBOR CT #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	☒ Delete
NAME	ELKIN, BEN	
STREET ADDRESS	27020 LAKE HARBOR CT #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	JACKSON STEVE	
STREET ADDRESS	27020 LAKE HARBOR CT #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	☒ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	MCGRATH TOM	
STREET ADDRESS	27021 LAKE HARBOR CT #8202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-947-4552

CR2E037 (10/00)