

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90128 006 \*\*\*\*61.25

**DOCUMENT # N95000001577**

1. Entity Name

**OLD HARBOR PLACE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2180 W. SR. 434  
 SUITE 5000  
 LONGWOOD FL 32779**

**2180 W. SR. 434  
 SUITE 5000  
 LONGWOOD FL 32779**

00101000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2281440**

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

**HART JR, JAMES W  
 SENTRY MANAGEMENT INC  
 2180 W ST 434 STE 5000  
 LONGWOOD FL 32779**

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	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEYERS, EDWARD J</b>	
STREET ADDRESS	<b>1816 OAK RIDGE RD</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MACREYNOLDS, MARTHA</b>	
STREET ADDRESS	<b>103 MASTERS LANE</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOULIERE, DIANA</b>	
STREET ADDRESS	<b>1727 ANGLERS CT</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHILLER, MARY</b>	
STREET ADDRESS	<b>211 HANCOCK CT</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34595</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERETRA, KEN</b>	
STREET ADDRESS	<b>1822 OAK RIDGE RD</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRUNDAGE, MIKE</b>	
STREET ADDRESS	<b>1814 OAK RIDGE ROAD</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSENTHAL, STEVEN</b>	
STREET ADDRESS	<b>221 HANCOCK COURT</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VINCENTO, CHRIS</b>	
STREET ADDRESS	<b>1707 ANGLERS COURT</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOULLIERE, GREGORY</b>	
STREET ADDRESS	<b>1727 ANGLERS COURT</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCKNIGHT, THOMAS</b>	
STREET ADDRESS	<b>217 HANCOCK COURT</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

2-28-02 727 328 500

CR2E037 (9/01)