

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90207 010 ****61.25

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DOCUMENT # N95000001577

1. Entity Name
OLD HARBOR PLACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

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

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 **58-2281440** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRUNDAGE, MIKE	
STREET ADDRESS	1814 OAK RIDGE RD.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, STEVEN	
STREET ADDRESS	221 HANCOCK CT.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VINCENTO, CHRIS	
STREET ADDRESS	1707 ANGLERS CT.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SOULLIERE, GREGORY	
STREET ADDRESS	1727 ANGLERS CT.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKNIGHT, THOMAS	
STREET ADDRESS	217 HANCOCK CT.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, BERNARD	
STREET ADDRESS	1811 OAK RIDGE RD	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREIRRA, KEN	
STREET ADDRESS	1822 OAK RIDGE RD.	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERS, ED	
STREET ADDRESS	1707 ANGLERS CT.	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETCHFORD, MARY	
STREET ADDRESS	1715 ANGLERS COURT	
CITY-ST-ZIP	SAFETY HARBOR, FL 34595	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHILLER, MARY	
STREET ADDRESS	211 HANCOCK CT.	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
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 title empowered.

SIGNATURE: *Bernard A. James* **BERNARD A. JAMES 27MAR03-727-796-3127**

CR2E037 (10/02)