

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000000092

1. Entity Name

HARBOR SIDE #1 AT GRAND HARBOR CONDOMINIUM ASSOC

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90030 010 \*\*\*\*61.25

|                                                                        |                                                                 |
|------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>4820 20TH AVENUE<br>VERO BEACH FL 32967 | Mailing Address<br>4820 20TH AVENUE<br>VERO BEACH FL 32967-1511 |
|------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>105-0893463                                                             | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|                                                                                                                            |                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>HENN, PETER J<br>2121 GRAND HARBOR BOULEVARD<br>VERO BEACH FL 32967 | 7. Name and Address of New Registered Agent<br>Name<br>RULE, LISA A<br>Street Address (P.O. Box Number is Not Acceptable)<br>4820 20TH AVENUE<br>City<br>VERO BEACH FL Zip Code<br>32967 |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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<br><i>Lisa A. Rule</i><br>Signature typed or printed name of registered agent and title if applicable. | LISA A RULE<br>(NOTE: Registered Agent signature required when reinstating) | 4-17-2000<br>DATE |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------|

|                             |                                                                                                                 |                                              |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>TAYLOR, ELBRIDGE M III<br>2121 GRAND HARBOR BOULEVARD<br>VERO BEACH FL 32967 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>CALVER, JOYCE<br>4820 20TH AVENUE<br>VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>D'HAESELEER, RONALD V<br>2121 GRAND HARBOR BOULEVARD<br>VERO BEACH FL 32967 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>FORRESTER, JOHN<br>4820 20TH AVENUE<br>VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BYRNE, SUE<br>2121 GRAND HARBOR BOULEVARD<br>VERO BEACH FL 32967 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | STD<br>KEPLER, GARY<br>4820 20TH AVENUE<br>VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | M<br>RULE, LISA A<br>4820 20TH AVENUE<br>VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |

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:<br><i>Lisa A. Rule</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | LISA A RULE<br>4-17-2000<br>Date | 561-778-5943<br>Daytime Phone # |
|---------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|

CR2E037 (9/99)