

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90087 007 ****61.25

DOCUMENT # N97000006607

1. Entity Name

HARBOR BEND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2816 E ROBINSON ST
STE 200
ORLANDO FL 32803
US2816 E ROBINSON ST
STE 200
ORLANDO FL 32803-5828
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3494188

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

PRATT, JAMES R
369 NORTH NEW YORK AVENUE
3RD FLOOR
WINTER PARK FL 32789

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:
FEES IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPT	HAWKINS, KEVIN B	2816 E ROBINSON ST STE 200 ORLANDO FL 32803	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DS	HOLLO, TIBOR	2816 E ROBINSON ST, STE 200 ORLANDO FL 32803	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DV	HOLLO, JEROME	2816 E ROBINSON ST, STE 200 ORLANDO FL 32803	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-00

CR2E037 (9/99)