

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720231

1. Entity Name

HARSHAW LAKE PARK CONDOMINIUM, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90305 030 ****61.25

Principal Place of Business

Mailing Address

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. #260
CLEARWATER FL 33762
US

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR #260
CLEARWATER FL 33762
US

AV017222



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

59-2171040

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MCNEAL, RAND E
CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR SUITE 260
CLEARWATER FL 33762

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GAUSE, CURTIS
1601 43RD ST N #135
ST PETERSBURGH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MARSH, MARY
1601 43RD ST N #232
ST. PETERSBURG FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Glennie, Ruth
1601 43rd St. N. # 125
ST. PETERSBURG, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JONES, CHARLIE
1601 43RD ST N #131
ST. PETERSBURG FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MCCLAIN, SUZANNE
1601 43RD ST N #130
SAINT PETERSBURG FL 33713 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FRUGHT, Helen
1601 43rd St. N. # 226
ST. PETERSBURG, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GREGORY, JEAN
1601 43RD ST N #130
SAINT PETERSBURG FL 33713 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Cain, DOROTHY
1601 43RD St. N. # 127
ST. PETERSBURG, FL. ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAXHEIMER, WAYNE
1601 43RD ST N #228
ST PETERSBURGH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)