

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701762

1. Entity Name

HARBOUR INLET ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 460549
FT LAUDERDALE FL 33346
US

Mailing Address

P.O. BOX 460549
FT LAUDERDALE FL 33346
US

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

59-1164411

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUENTHER, BEN
2400 SE 21 ST
FT. LAUDERDALE FL 33316

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.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KELLEY, PATRICK
1948 SE 22ND AVE
FORT LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FREEMAN, GOOD
2224 SE 20TH ST
FORT LAUDERDALE FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ELLIS, EUGENIA D
1801 MARIETTA DRIVE
FT. LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GUENTHER, BEN L
2400 SE 21 ST
FT. LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

Ben Guenther

Date

Daytime Phone #

1/6/01 954764-0470

0048876

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE