

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701976

1. Entity Name

HARBOR HILLS PROPERTY OWNERS ASSOCIATION, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90008 046 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1121
LARGO FL 34649-1121

P.O. BOX 1121
LARGO FL 33779-1121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6174810

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

COBB, JERRY C., ESQUIRE
501 S. FT. HARRISON AVENUE
SUITE 206
LARGO FL 34616

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ President ☐ Delete
NAME BANKS, MARILYN
STREET ADDRESS 3733 MCBAY CREEK DR
CITY-ST-ZIP LARGO FL 33770

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

TITLE ☒ Director ☐ Delete
NAME SCHUMACHER, MARCUS
STREET ADDRESS 4221 HARBOR HILLS DR
CITY-ST-ZIP LARGO FL 33770

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

TITLE ☒ Director ☐ Delete
NAME CRONE, DON
STREET ADDRESS 3872 HARBOR HILLS DR
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ Change ☒ Addition
NAME CARA BOOS
STREET ADDRESS 3698 SHADY BLUFF DR.
CITY-ST-ZIP LARGO, FL 33770

TITLE ☒ Vice-president ☐ Delete
NAME PHILLIPS, PEGGY
STREET ADDRESS 3716 MCKAY CREEK DR
CITY-ST-ZIP LARGO FL

TITLE ☐ Change ☐ Addition
NAME Secretaries
STREET ADDRESS Michael McFadden
CITY-ST-ZIP 4490 Clearwater Harbor Dr.
Largo, FL 33770

TITLE ☐ Delete
NAME MUNYAN, RALPH
STREET ADDRESS 4542 HARBOR HILLS DR.
CITY-ST-ZIP LARGO FL

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

TITLE ☐ Delete
NAME SCELZI, FRANK
STREET ADDRESS 4035 HARBOR HILLS DRIVE
CITY-ST-ZIP LARGO FL

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)