2001 UNIFORM BUSINESS REPORT (UBR)

Jun 20, 2001 8:00 am **DOCUMENT # 727398 Secretary of State** 1. Entity Name 05-10-2001 90224 026 ****61.25 HARBOUR ISLAND ASSOCIATION, INC. Principal Place of Business Mailing Address 1365 WINDSONG ROAD 1365 WINDSONG ROAD ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address 09 1109 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6.-Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ACCOLA, CAROLYN 1365 WINDSONG ROAD ORLANDO FL 32809 3280 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. (NOTE: F Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be \Box Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change Delete TITLE TITLE NAME ACCOLA, CAROLYN NAME STREET ADDRESS 1365 WINDSONG ROAD STREET ADDRESS 1109 Windsong CITY, ST. 7IP CITY-ST-ZIP ORLANDO FL 32809 ☐ Change Delete TITLE TITLE NAME MARCKS, JANE' NAME 1336 WINDSONG RD STREET ADDRESS STREET ADDRESS City:st:zip CITY-ST-ZIP ORLANDO FL ☐ Change ddition Delete SD TITLE TITLE NAME PEOPLES, MELISSA 1238 Harbour Island la NAME -STREET ADDRESS STREET ADDRESS 1078 HARBOR ISLAND RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ☐ Change Addition $\overline{\mathsf{VPD}}$ Delete TITLE TITLE PERLA, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 1223 HARBOUR ISLAND RD CITY-ST-ZIP CITY-ST-78 ORLANDO FL ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cath; 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:

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