

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90100 003 \*\*\*\*61.25

**DOCUMENT # 732464**

1. Entity Name  
**HARBOUR HOUSE CONDOMINIUM, INC.**

Principal Place of Business <b>1217 SOMBRERO BLVD.          MARATHON FL 33050          US</b>	Mailing Address <b>P.O. BOX <del>200238</del> 500268          MARATHON FL 33050-4458          US</b>
--	---



DO NOT WRITE IN THIS SPACE

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 <b>59-1706286</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**PIERCE, CHARLOTTE J  
 8042 PORPOISE DR  
 MARATHON FL 33050**

7. Name and Address of New Registered Agent  
 Name **Donald Cummings**  
 Street Address (P.O. Box Number is Not Acceptable) **1217 Sombbrero Blvd - UNIT 15**  
 City **MARATHON** FL Zip Code **33050**

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 Donald Cummings DATE 2/29/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS		
TITLE NAME	<b>D MANSELL, PAUL</b> <input checked="" type="checkbox"/> Delete	
STREET ADDRESS	<b>1217 SOMPRERO BLVD</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	
TITLE NAME	<b>DT MORSE, ROSE</b> <input type="checkbox"/> Delete	
STREET ADDRESS	<b>-1217 SOMBRERO.BLVD. STE 11</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE NAME	<b>DP CUMMINGS, DONALD</b> <input type="checkbox"/> Delete	
STREET ADDRESS	<b>1217 SOMBRERO BLVD. STE 15</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE NAME	<b>DVP LOTT, D. N</b> <input type="checkbox"/> Delete	
STREET ADDRESS	<b>1217 SOMBRERO BLVD. STE 22</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE NAME	<b>DS CROCKER, SHIRLEY</b> <input type="checkbox"/> Delete	
STREET ADDRESS	<b>1217 SOMBRERO BLVD</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	<b>DVP RICHARD CONKLIN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	<b>1217 Sombbrero Blvd Ste 16</b>	
CITY-ST-ZIP	<b>MARATHON FL</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: Donald Cummings DATE 2/29/00 305-289-9065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)