

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90045 024 ****61.25

DOCUMENT # 732464

1. Entity Name

HARBOUR HOUSE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1217 SOMBRERO BLVD.
 MARATHON FL 33050
 US

P.O. BOX 500268
 MARATHON FL 33050-0268
 US

839377



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

59-1706286

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

CUMMINGS, DONALD
 1217 SOMBRERO BLVD UNIT 15
 MARATHON FL 33050

Name: Karen Crutchfield
 Street Address (P.O. Box Number is Not Acceptable): 1217 Sombrero Blvd. #13
 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
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-02
 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	DVP	<input type="checkbox"/> Delete
NAME	CONKLIN, RICHARD	
STREET ADDRESS	1217 SOMPRERO BLVD	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DT DS	<input type="checkbox"/> Delete
NAME	MORSE, ROSE	
STREET ADDRESS	1217 SOMBRERO BLVD. STE 11	
CITY-ST-ZIP	MARATHON FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, DONALD	
STREET ADDRESS	1217 SOMBRERO BLVD. STE 15	
CITY-ST-ZIP	MARATHON FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LOTT, D. N	
STREET ADDRESS	1217 SOMBRERO BLVD. STE 22	
CITY-ST-ZIP	MARATHON FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CROCKER, SHIRLEY	
STREET ADDRESS	1217 SOMBRERO BLVD	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PREIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Crutchfield	
STREET ADDRESS	1217 SOMBRERO BLVD #13	
CITY-ST-ZIP	MARATHON, FL 33050 #13	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shirley Crocker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02
 Date

305-743-7406
 Daytime Phone #

CR2E037 (9/01)