

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90046 021 \*\*\*\*61.25

**80036780**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **740809**  
 1. Entity Name  
**Harbor Villas Condominium Association, Inc.**

Principal Place of Business Mailing Address

2. Principal Place of Business  
**6014 US Hwy 19**  
 Suite, Apt. #, etc.  
**Suite 501**  
 City & State  
**New Port Richey, FL**  
 Zip Country  
**34652 USA**

3. Mailing Address  
**6014 US Hwy 19**  
 Suite, Apt. #, etc.  
**Suite 501**  
 City & State  
**New Port Richey, FL**  
 Zip Country  
**34652 USA**

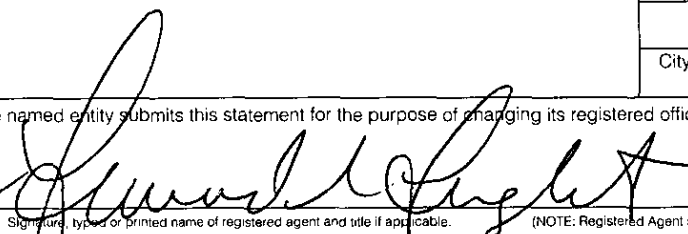
4. FEI Number  
**59-1776436**  
 Applied For  
 Not Applicable

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  
 Name  
**Lennard Leighton**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2189 Cleveland St.**  
**Suite 225**  
 City  
**Clearwater FL** Zip Code  
**33765**

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  **3/3/00**  
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P/D</b> <b>Schienze, Reinhard</b> <b>4956 Harbor Villa Lane #209</b> <b>New Port Richey, FL 34652</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>V/D</b> <b>Kroenke, Klaus</b> <b>4956 Harbor Villa Lane #206</b> <b>New Port Richey, FL 34652</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>T/D</b> <b>Arnold, Ursula</b> <b>5154 Turquoise Lane #208</b> <b>New Port Richey, FL 34652</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>S/D</b> <b>Smith, Rita</b> <b>4956 Harbor Villa Lane #111</b> <b>New Port Richey, FL 34652</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>Caputo, Catherine</b> <b>4956 Harbor Villa Lane #208</b> <b>New Port Richey, FL 34652</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Reinhard Schienze 3/1/00 727-849-8899**

CR2E037 (9/99)