

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90048 050 ****61.25

0079896

DOCUMENT # 740809
 1. Entity Name
HARBOR VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6014 US HWY 19 STE 501 NEW PORT RICHEY FL 34652 US	Mailing Address 6014 US HWY 19 STE 501 NEW PORT RICHEY FL 34652 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 90 Seaboard Arbors Suite, Apt. #, etc. 5313 Locust Place City & State New Port Richey, FL Zip 34652 Country USA	3. Mailing Address 90 Seaboard Arbors Suite, Apt. #, etc. 5313 Locust Place City & State New Port Richey, FL Zip 34652 Country USA
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4. FEI Number 59-1776436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEIGHTON, LENNARD
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD SCHIENKE, REINHARD 4956 HARBOR VILLA LANE #209 NEW PORT RICHEY FL 34652 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARNOLD, URSULA 5154 TURQUOISE LANE, #208 NEWPORT RICHEY FL 34652 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KROENKE, KLAUS 4956 HARBOR VILLA LANE #206 NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPUTA, CATHERINE 4956 HARBOR VILLAS, #208 NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, RITA 4956 HARBOR VILLA LANE 111 NEW PORT RICHEY FL 34652 <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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Michael, John 4956 Harbor Villa Lane #107 New Port Richey, FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Koesters, Richard 4956 Harbor Villa Lane #201 New Port Richey, FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Faivre, Sandra 5135 Gemstone Dr #104 New Port Richey, FL 34652 <input type="checkbox"/> Change <input checked="" 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: SIGNATURE REQUIRED **SCHIENKE** 2-22-01 845 6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)