

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90141 001 ****61.25

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DOCUMENT # 740809

1. Entity Name

HARBOR VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**C/O SEABOARD ARBORS
5313 LOCUST PLACE
NEW PORT RICHEY FL 34652
US**

Mailing Address

**C/O SEABOARD ARBORS
5313 LOCUST PLACE
NEW PORT RICHEY FL 34652
US**

70030850



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1776436**

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

**LEIGHTON, LENNARD
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	SCHIENKE, REINHARD	4956 HARBOR VILLA LANE #209	NEW PORT RICHEY FL 34652	<input type="checkbox"/>	<input type="checkbox"/>
TD	MICHAEL, JOHN	4956 HARBOR VILLA LANE #107	NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	KOESTERS, RICHARD	4956 HARBOR VILLA LANE #201	NEW PORT RICHEY FL 34652	<input type="checkbox"/>	<input type="checkbox"/>
SD	SMITH, RITA	4956 HARBOR VILLA LANE 111	NEW PORT RICHEY FL 34652	<input type="checkbox"/>	<input type="checkbox"/>
D	KOESTERS, NELLIE	4956 HARBOR VILLA LANE #201	NEW PORT RICHEY FL 34652	<input type="checkbox"/>	<input type="checkbox"/>
D	Palman, Wilhelm	5154 Turgovise Lane #102	New Port Richey, FL 34652	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Reinhold Schienke* **REINHOLD SCHIENKE** 3/24/03 (727) 842-6101

CR2E037 (10/02)