

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90021 005 \*\*\*\*61.25

**DOCUMENT # 743389**

*R*

1. Entity Name

**FIRST HARBOUR TOWERS CONDOMINIUM ASSOCIATION, IN**

Principal Place of Business

2350 WEST FIRST STREET  
 FT. MYERS FL 33901

Mailing Address

2350 WEST FIRST STREET  
 FT. MYERS FL 33901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1115810**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOZELISKI, ROBERT**  
**2350 WEST 1ST STREET, #801**  
**FT MYERS FL 33901**

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

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**  
**After September 13, 2000 min. will be \$236.25**

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 **DP**  Delete  
 NAME **KOZELISKI, R.E.**  
 STREET ADDRESS **2350 W FIRST ST APT 801**  
 CITY-ST-ZIP **FT MYERS FL**

TITLE  Change  Addition  
 NAME *Mike Green*  
 STREET ADDRESS *2350 West 1st St. 602*  
 CITY-ST-ZIP *Fort Myers, FL 33901*

TITLE **D**  Delete  
 NAME **CHILDS, MIKE**  
 STREET ADDRESS **5731. ESTERO-BLVD-**  
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE  Change  Addition  
 NAME *Ray Sutton*  
 STREET ADDRESS *2350 West 1st Street 604*  
 CITY-ST-ZIP *Fort Myers, FL 33901*

TITLE **DVP**  Delete  
 NAME **SMITH, NAN**  
 STREET ADDRESS **2350 W. FIRST ST #206**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE  Change  Addition  
 NAME *Ann Donaldson*  
 STREET ADDRESS *2350 West 1st Street 306*  
 CITY-ST-ZIP *Fort Myers, FL 33901*

TITLE **DS**  Delete  
 NAME **HARTWELL, SHEILA**  
 STREET ADDRESS **2350 W. 1ST ST #703**  
 CITY-ST-ZIP **FT MYERS FL**

TITLE  Change  Addition  
 NAME *Mike Childs*  
 STREET ADDRESS *5731 Estero Blvd.*  
 CITY-ST-ZIP *Fort Myers, FL 33931*

TITLE **DT**  Delete  
 NAME **VOTH, SALLY**  
 STREET ADDRESS **2350 W. 1ST ST #502**  
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE  Change  Addition  
 NAME **DT RICHARD KAENES**  
 STREET ADDRESS **2350 W. 1ST**  
 CITY-ST-ZIP **FT. MYERS**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Richard Kaenes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/18/2000* *334-0445*  
 Date Daytime Phone #

CR2E037 (5/00)